



WELLS-KNIGHTON HEALTH SYSTEM

EMERGENCY DEPARTMENT TEMPORARY ORDERS

Henderson

Date/Time 11/4/16 1755 Level of service: ☐ Inpatient admission (expected to stay 2 midnights) ☒ Observation1. Attending M.D. Craig Level of care: ☒ Routine ☐ Telemetry ☐ Step-Down
☐ Critical Care ☐ PICU2. Diagnosis: Branchitis & Hypoxia3. Allergies (Including Food): NKA4. Condition: ☒ Good ☐ Fair ☐ Poor5. Vitals: Floor routine with BP every _____; Weigh on admission and ☐ daily☐ Urinary catheter/HOUDINI protocol; I & O every _____ hr; ☐ Neurological checks every _____ hr for _____ hr6. NPO/Diet: Regular7. Activity: Ad lib / Bed rest with bathroom privileges / Up with assistance / Complete bed rest8. Lab/X-Ray: ☐ Bedside glucose _____, do not confirm: call MD if greater than 350 mg/dL or less than 70 mg/dL☐ EKG & Troponin every 6 hours times 2 - reason for exam: _____9. MEDS: ☐ Oxygen via Nasal Cannula 2L/min ☒ Oxygen protocol ☐ Other

FAXED
11/20/16 11:40 AM
SP

* See Branchitis
Passway *

10. SALINE LOCK / IV FLUIDS: NS @ 50 cc/hr

11. OTHER: _____

12. CONSULT Dr _____

13. Complete care is turned over to Dr Craig on patient's admission to the hospital.
Notify him/her STAT or at _____ of admission/arrival and STAT for any problems or concerns.Spoke to: _____ Physician Signature _____ Printed Name or Dictation # Henderson

Noted by J. J. J. RW 11-4-16 @ 2200



PQ0005

HENDERSON, [REDACTED] L
10/01/13 3Y 01M
Easterling, David R
K32957086

11/04/16

EXHIBIT

tabbles

1-B



Pediatrics Bronchiolitis Hospital Order

Patient Information

Patient Name Aaliyah Henderson
Date of birth _____

(14)

Level of Service/Diagnosis

☒ Inpatient admission - dx Bronchiolitis & Hypoxia
☐ Observation

Allergies

☒ No known allergies
☐ Known allergies (including food) _____

Activity

☒ Ambulate
☐ Other _____

Diet

☐ Diet, breast milk q 2-4 hr on demand ★
☐ Diet, infant/pediatric formula _____ q 3-4 hr
☒ Diet, regular
☒ NPO
☐ Other _____

Nursing Orders

☐ Airborne precautions
☐ Elevate HOB
☐ Measure intake and output q 12 hr (floor routine)
☐ Measure weight daily in Kg
☒ Pain Management Protocol, Infant
☐ Peripheral IV
☒ VS upon arrival, then q 4 hr (floor routine)
☐ Notify provider for _____
☐ Notify provider for _____
☐ Notify provider for _____
☐ Other _____

Patient/Caregiver Education

☒ Education, nebulizer
☒ Education, upper airway suctioning
☐ Other _____

Respiratory

☐ Airway suctioning
☒ Bronchiolitis Protocol
☒ albuterol (PROVENTIL)
☐ levalbuterol (XOPENEX) 0.31 milligram by nebulizer
☐ levalbuterol (XOPENEX) 0.63 milligram by nebulizer
☐ levalbuterol (XOPENEX) 1.25 milligram by nebulizer

TUS Q 2° per wheeze via NNN

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Easterling, David R
K32957086

noted by Joughth, RW 11/4/16 @ 2200



PO0005



AALIYAH L
10/01/13 3Y 01M
Easterling, David R
K32957086
11/04/16

**Pediatrics Bronchiolitis Hospital Order cont.****Patient Information**Patient Name Henderson

Date of birth _____

Respiratory cont

- ☐ Mist hood
☐ Mist tent
☒ O2 protocol
☐ Other _____

IV FluidsNS @ 50 cc/hr**Fever Protocol****Antipyretics**

For any temperature greater than or equal to 101° Fahrenheit, start with:

Acetaminophen (Tylenol Elixir) (100 milligrams per teaspoon)

12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 4 hours PRN

18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 4 hours PRN

24-35 lbs or 11 - 15.9 kilograms, give 1 teaspoon PO every 4 hours PRN

36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 4 hours PRN

Greater than or equal to 48 lbs or 22 kilograms, give 2 teaspoon PO every 4 hours PRN

If unable to tolerate PO medication, give same dose as a suppository, rectally

For any temperature greater than 102.5° Fahrenheit NOT RELIEVED BY TYLENOL, start Ibuprofen

Do NOT give to infants under 6 months of age unless specifically ordered by MD

Ibuprofen (Motrin Elixir) (100 milligrams per teaspoon)

12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 6 hours PRN

18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 6 hours PRN

24-35 lbs or 11 - 15.9 kilograms, give 1 teaspoon PO every 6 hours PRN

36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 6 hours PRN

48-59 lbs or 22 - 26.9 kilograms, give 2 teaspoon PO every 6 hours PRN

60-71 lbs or 27 - 31.9 kilograms, give 2 1/2 teaspoon PO every 6 hours PRN

Greater than or equal to 72 lbs or 32 kilograms, give 3 teaspoon PO every 6 hours PRN

If temperature remains greater than 102.5° Fahrenheit, alternate Tylenol with Motrin, giving Motrin

2 hours after the Tylenol.

Pharmacy may substitute oral tablets if requested by patient.

Medications**Corticosteroids: Inhaled**

- ☒ budesonide (PULMICORT) 0.25 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to 4 years
☐ budesonide (PULMICORT) 0.5 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to 11 years
☐ budesonide (PULMICORT) 1 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age greater than 11 years
☐ Other _____

Corticosteroids: Systemic *

- ☒ prednisolONE 1 mg/Kg PO daily age less than or equal to 12 years; maximum 60 mg/day
☐ prednisolONE 2 mg/Kg PO daily age less than or equal to 12 years; maximum 60 mg/day
☐ prednisolONE 40 mg PO daily age greater than 12 years
☐ methylPREDNISolone (SOLU-MEDROL) _____ mg IV q _____ hr
☐ Other _____

noted by J. Buffum, RN 11-4-16 @ 2200
FAXED
 11/4/16 1926
 SB



P00005



HENDERSON [redacted] L
 10/01/13 3Y 01M
 Easterling, David R
 K32957086

11/04/16



Pediatrics Bronchiolitis Hospital Order cont.

Patient Information

Patient Name Henderson
 Date of birth _____

Medications cont

Cough Preparations

- ☒ ROBITUSSIN pediatric cough syrup LA 5 ml ml PO q 6 hr prn for cough
☐ ROBITUSSIN pediatric cough and cold syrup LA _____ ml PO q 6 hr prn for cough
☐ Other _____

Other Medications

Laboratory

Chemistry

- ☐ Blood gas, capillary now
☐ Blood gas, venous now
☐ Blood urea nitrogen now
☐ Creatinine, serum now
☐ Glucose now
☐ Other _____

Hematology

- Bilirubin, total ☐ now ☐ in am
 CBC w automated WBC differential ☐ now ☐ in am
☐ C-reactive protein now
☐ Other _____

Microbiology

- ☐ Culture, blood now
☐ Culture, stool now
☐ Culture, urine now
☐ Influenza virus A and B, EIA now, by nasal swab
☐ RSV antigen now
☐ Rotavirus antigen now
☐ Other _____

Panels

- ☒ Basic metabolic panel ☐ now ☐ in am
☐ Comprehensive metabolic panel ☐ now ☐ in am
☐ Renal function panel ☐ now ☐ in am
☐ Other _____

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 11/16/16
 SP

noted by Jennifer, RN 11-4-16 @ 2200



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10/01/13 3Y 01M
 Easterling, David R
 K32957086

11/04/16



Pediatrics Bronchiolitis Hospital Order cont.

Patient Information

Patient Name Henderson

Date of birth _____

Laboratory cont

Urine Studies

Urinalysis screen w reflex microscopic now

☐ catheterized☐ clean catch midstream☐ pediatric urine collector☐ Other _____

Radiology

X-ray

☐ XR, chest 1 view now-reason for exam _____☐ XR, chest 2 view now-reason for exam _____☐ XR, kidney-ureter-bladder now-reason for exam _____☐ Other _____

Consults

☐ Care management consult☐ Consult to _____☐ Consult to _____

Other

Rocephin 500mg IV Q 24°

Physician signature

Date/Time

11/4/16 1912

Printed Name or Dictation #

Sanham, JanNoted by Joffe, RW 11-4-16 @ 2200

FAXED
 11/4/16 1912
 813



PO0005



10/01/13 3Y 01M
 Easterling, David R
 K32957086

11/04/16



Pediatric Hospitalist Progress Note

Date: 11/6/19 Time: _____ Name: Aaliyah

Interval History: Resting in ☐ bed ☐ chair ☐ crib ☐ No new problems/complaints
☐ Other afebrile since admission. No O2 overnight. ECG normal
Spaced to 94. dangwell.

Meds: ☐ Reviewed Remarks _____

☒ Discussed Assessment/Plan with ☐ patient ☐ family at ☐ bedside ☐ per phone

ROS: ☐ 10 systems reviewed otherwise Negative Positive: _____

Interval Physical Exam:

Vitals: temp 99.0 HR 138 RR 25 O2 sat 100% RA

General: ☒ Well-hydrated ☐ WN ☒ NAD ☐ Nontoxic ☐ Remarks _____

HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☐ PERLL ☒ Conjunctiva clear
☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tympanic membranes normal bil ☐ Oral mucosa moist ☐ Pharynx normal
☐ Remarks Clear

Neck: ☒ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____

Heart: ☒ Normal ☐ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☐ Normal ☐ CTA bil ☒ Unlabored Air movement: ☒ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☒ Rhonchi
☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks Upper airway noise noted

Abdomen: ☐ Normal ☒ Soft ☐ Non-tender ☒ Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenomegaly
☐ Masses ☐ Remarks _____

Extremities: ☒ Normal ☒ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses
☐ Remarks _____

Musculoskeletal: ☒ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☒ Normal ☐ Warm/dry ☐ Rash ☐ Remarks _____

Neuro: ☐ Normal/nonfocal ☐ Warm/dry ☐ Awake ☐ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact
☐ Remarks _____

Lab: ☐ Reviewed ☐ Abnormals

Ca 9.7 Segs 53.9
 Alb _____ Ast/Alt _____ Bands _____
 Alk/Phos _____ 10.7 _____ 36.4
 T/Dbill _____ 34.4 _____
 MCV 76.5

Other: PSV 16

Impression: 3yo female with (former 27
Weeks) with BPD and resp. distress.
O2 therapy required yesterday.
Weaned to RA overnight & did
well. good PO intake. alert and
94.

Physician Signature [Signature] Date/Time 11/6/19 1110
☐ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)

Plan: ☐ See orders ☐ Continue medical management
☐ Recommendations per consultant/s: _____

☐ Follow labs ☐ O2, Respiratory Therapy
☐ Continue antibiotics, Day # _____
☐ Continue therapy/Rehab ☐ Nutrition support

complete set prednisolone
course - mother has Rx.
Dis Pen 2 Robatussin medications
given scripts for albuterol nebulizer
and pulmicort



PN0005



10/01/13 3Y F

K32957086

00000001116206

Willis-Knighton South
2510 Bert Kouns Industrial Loop
Shreveport, LA 71108

Patient Name: [REDACTED]
Adm No: K32957086
DOB: 10/01/2013
Age: 3Y F
Corp ID: 000001116206

MRN: 1116206
Location: Inpatient - S5E-K.E551
Ord No: 90012
Hospital: WKS

Ordering Dr: ANNA MICHELLE CRAIG

CC: ANNA CRAIG

Final Report

Admitting Diagnosis: BRONCHIOLITIS-WITH HYPOXIA
Reason For Exam: VIEW LUNG FIELD
Procedure Date: 11/06/2016
Procedure: SXR - XR, chest 1 view

Interpretive Location: WKN
Accession Number: 3395917
CPT Code: 71010

IMPRESSION: Normal Chest.

RESULT: XR, chest 1 view

Clinical Information: VIEW LUNG FIELD

Comparison: Chest radiograph from 11/4/2016

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass, or effusion. No significant skeletal abnormality is noted.

Electronically Signed by: [REDACTED] JOSEPH BURGIN M.D. on Nov 6 2016 10:46A

Techs: Pattie D Dallas
Additional Staff:

Read by: [REDACTED] JOSEPH BURGIN M.D. on Nov 6 2016 10:46A
Electronically Signed by: [REDACTED] JOSEPH BURGIN M.D. on Nov 6 2016 10:46A

Printed: Nov 6 2016 10:49AM

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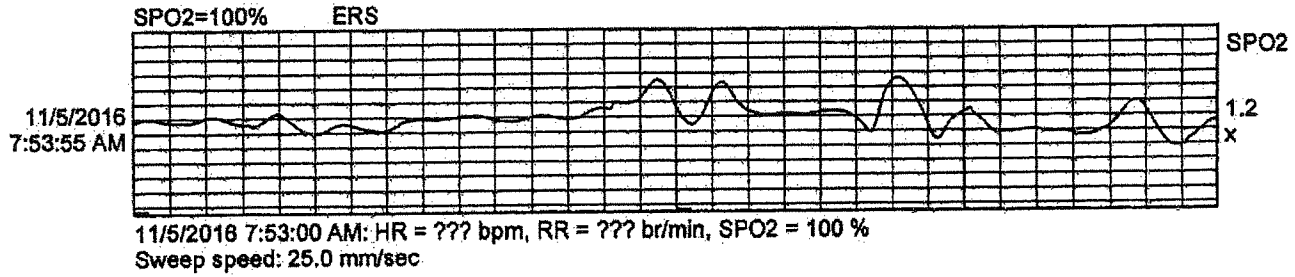
WK South

SAVED EVENT REPORT

Page 1 of 1

11/5/2016 8:43 AM

Patient Name: [REDACTED] CRAIG 10/1/13, aaliyah
 ID 1: k32957086
 ID 2:
 Unit: S5PEDS
 Bed ID: 5516



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

[REDACTED] L (K000629604)

Age/Sex: 31 YR F

Room: 565 K E5516 1 (Admitted 11/04/16)

96 hours
From Nov 2, 2016 0701 to Nov 6, 2016 0700
Printed 11/06/16 at 0655 by GARDNJ NS

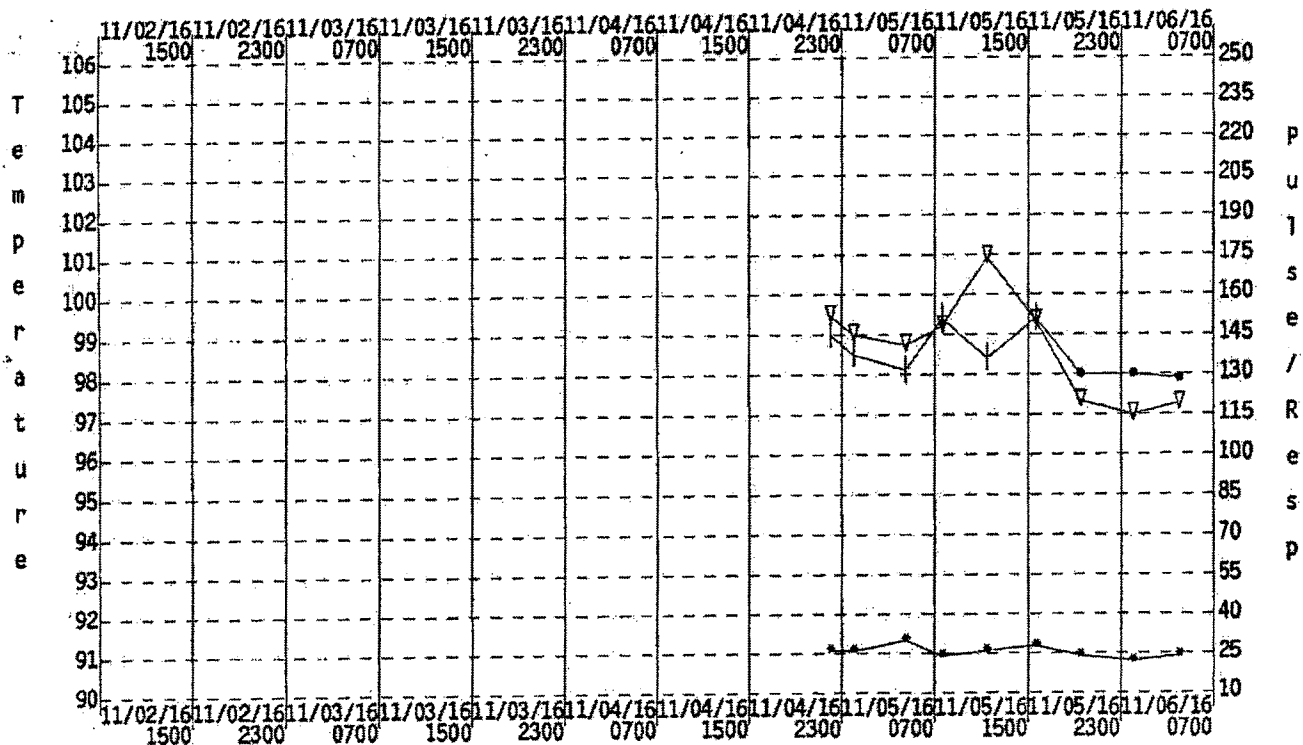
Vital Signs

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
11/04/16 1930								30	15.951904	
11/04/16 2200										100
11/04/16 2201	121/74	Lying	152	26	Apical	98.0	Axillary	31		
11/05/16 0000			145	26	Apical	98.5	Axillary			98
11/05/16 0430			141	30	Apical	98.1	Axillary			98
11/05/16 0738			148	24	Apical	99.4	Axillary			98
11/05/16 1127			174	26	Machine	98.4	Axillary			99
11/05/16 1539			150	28	Machine	99.4	Axillary			99
11/05/16 1930			120	24	Machine	98	Temporal			99
11/06/16 0000			115	22	Machine	98	Temporal			99
11/06/16 0400			119	24	Machine	97.9	Temporal			98

Intake & Output

Period: 12.00	11/04/16	11/05/16		11/05/16	11/06/16	
Nrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
Oral: Not H2O		120	120	300	120	420
IV:		450	450	600	600	1200
IVRS:					50	50
Total Intake		570	570	900	770	1670
Output (ml)						
Void X Nr.		2		3	2	
Stool X:				0		
Fluid Balance		570	570	900	770	1670

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
↑ Off graph



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

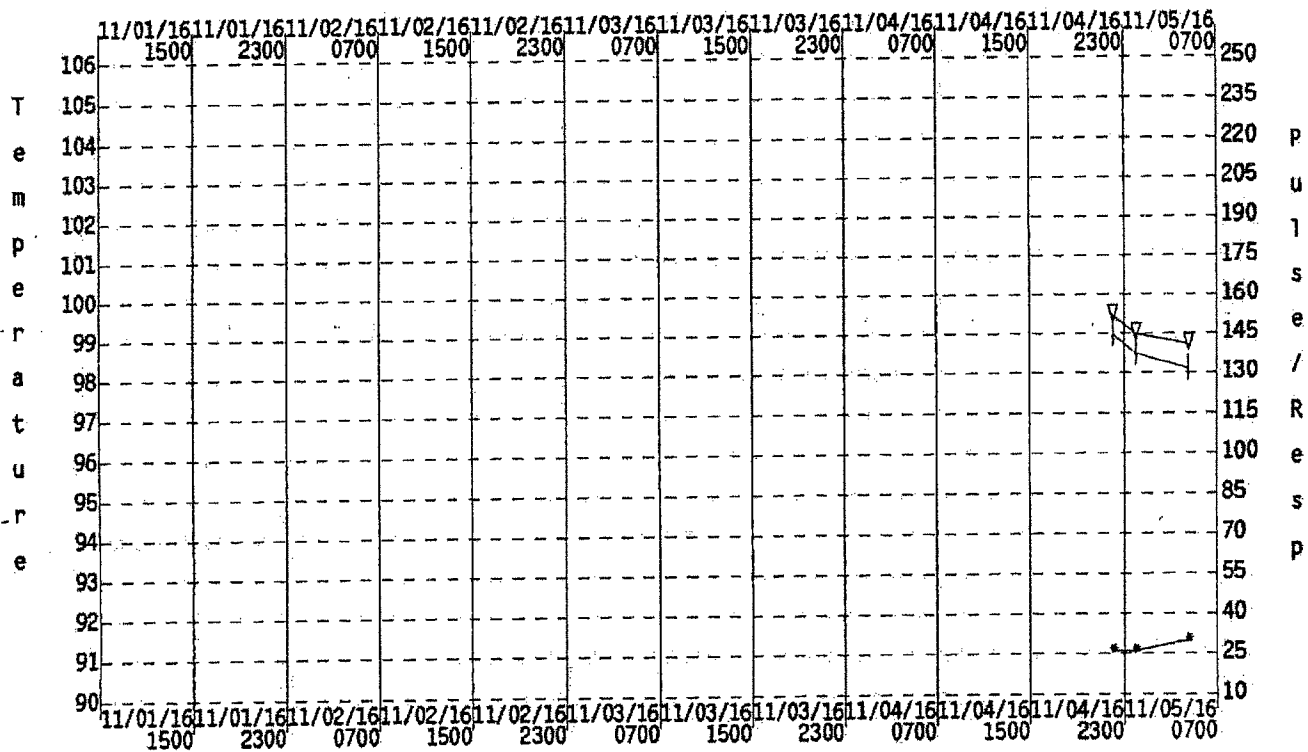
HENDERSON, AALIYAH L (K000629604)
Age/Sex: 3Y 01M F
Room: 56S K E5516 1 (Admitted 11/04/16)

96 hours
from Nov 1, 2016 0701 to Nov 5, 2016 0700
Printed 11/05/16 at 0622 by GRIFFIN, NS

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
11/04/16 1930								30	15.951904	
11/04/16 2200										100
11/04/16 2201	121/74	Lying	152	26	Apical	99.0	Axillary	31		
11/05/16 0000			145	26	Apical	98.5	Axillary			98
11/05/16 0430			141	30	Apical	98.1	Axillary			99

Intake & Output						
Period: 12.00	11/03/16	11/04/16		11/04/16	11/05/16	
hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL: Nov H2O					120	120
IV:					450	450
Total Intake					570	570
Output (ml)						
Void x NM:					2	
Fluid Balance					570	570

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
↑ Off graph



RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L ACCT #: K32957086 LOC: 5ES U #: K000629604
AGE/SX: 3Y 01M/F ROOM: K.E5516 REG: 11/04/16
REG DR: Craig, Anna M M.D. STATUS: DIS IN BED: 1 DIS: 11/06/16

CHEMISTRY
GENERAL CHEMISTRY

Day	3	1		
Date	NOV 6	NOV 4		
Time	0601	1656	Reference	Units
=> Glucose	83 (a)	(b) H	(70-109)	mg/dL
=> Potassium	3.9 #	5.4 H	(3.5-5.1)	mmol/L
=> Sodium	145	143	(136-145)	mmol/L
=> Chloride	110 H	113 H	(98-107)	mmol/L
=> CO2	23	18 L	(21-32)	mmol/L
=> BUN	3 #L	12	(7-18)	mg/dL
=> Creatinine	0.32	0.40		mg/dL
=> Calcium	9.7	9.8	(8.5-10.1)	mg/dL
=> Anion Gap	12.0	12.0	(5.0-15.0)	mmol/L
=> eGFR [REDACTED]	(c)	(d)	(>60)	SeeBelow
=> eGFR *non [REDACTED]	(e)	(f)	(>60)	SeeBelow

NOTES: (a) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL

Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes:

Abnormal Fasting Glucose: ≥ 126 mg/dL

Symptoms of diabetes and a random glucose: ≥ 200 mg/dL

(b) 132 H

See also (a)

(c) Test not performed

(d) Test not performed

(e) Test not performed

(f) Test not performed

Patient: [REDACTED] L

Age/Sex: 3Y 01M/F Acct#K32957086

Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 2

LOCATION

Patient: [REDACTED] L #K32957086 (Continued)

HEMATOLOGY

Day	3	1		
Date	NOV 6	NOV 4		
Time	0601	1656	Reference	Units
=> White Blood Cel	10.0	19.4 H	(4.0-12.0)	10 ⁹ /L
=> Red Blood Cell	4.49	4.43	(4.1-5.2)	10 ⁶ /uL
=> Hemoglobin	10.7 L	10.7 L	(11.8-14.7)	g/dL
=> Hematocrit	34.4 L	33.5 L	(35.0-44.0)	%
=> MCV	76.5	75.6	(74.0-89.0)	fL
=> MCH	23.8 L	24.1 L	(27.1-34.2)	pg
=> MCHC	31.1 L	31.9 L	(33.0-35.6)	g/dL
=> RDW	14.6 H	15.0 H	(12.0-14.0)	%
=> Platelet Count	290	(g)	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.4		(6.6-10.2)	fL
=> Neutrophils	53.9	(h)	(Not Estab.)	%
=> Lymphocytes	36.4	1.8	(Not Estab.)	%
=> Monocytes	8.4	1.0 L	(3-10)	%
=> Eosinophils	0.9	0.2	(0.0-8.0)	%
=> Basophils	0.4	0.2	(0.0-3.0)	%
=> Neutrophils #	5.4	18.7	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	3.6	0.4	(Not Estab.)	10 ⁹ /L
=> Monocytes #	0.8	0.2	(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.1	0.0	(Not Estab.)	10 ³ /uL
=> Basophils #	0.0	0.0	(Not Estab.)	10 ³ /uL
=> Segmented Neut		82	(Not Estab.)	%
=> Banded Neut		15	(Not Establis	%
=> Lymphocytes		3	(Not Estab.)	%
=> Hypochromic		1+	(NORMAL)	
=> Plt Estimate		(i)	(NORMAL)	

NOTES: (g) Test not performed
 Unable to perform Platelet Count due to clumping of platelets.
 (h) 96.8
 *See MANUAL DIFF
 Disregard Automated Differential.
 (i) NORMAL

Patient: HENDERSON [REDACTED] L

Age/Sex: 3Y 01M/F Acct#K32957086

Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 3

LOCATION

Patient: [REDACTED] L #K32957086 (Continued)

PCR TESTS

Day	1		
Date	NOV 4		
Time	1730		
		Reference	Units
=> RSV by PCR	(j)	(Negative)	
=> Comments	(l)		

NOTES: (j) Negative
 See also (k)
 (k) NEGATIVE test results do not preclude RSV infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
 (l) See Below
 See also (m)
 (m) The results of this assay should be interpreted in conjunction with other laboratory and clinical data.

Patient: [REDACTED] L Age/Sex: 3Y 01M/F Acct#K32957086 Unit#K000629604

Page 1
Printed
at 1352

Status: Discharged
Initiated: 11/04/16
Completed:
Protocol:

Willie Knighton South Nursing **LVE**
Patient's Plan of Care - PEDIATRIC BASIC PLAN OF CARE

Agc/Sex: 4Y 04Y F
Unit #: K00629604
Admitted: 11/04/16 at 20:3
Status: DCS IN
Room/Bed: K.555:6-1

STS	INT BY	DATE & TIME	DIRECTIONS	STS
Basic Pediatric Nursing Care				
* Basic nursing care will be provided.				
	11/04/16 JG	11/04/16	* Reassessment/Evaluation - Pediatrics Direction - 07.19 Document when done	D
			* Intake	D
			- PROTOCOL: I&O	D
			* Output	D
			- PROTOCOL: I&O	D
			* Vital Signs	D
			Vital Signs taken by a NOL are reviewed by an RN.	D
			- PROTOCOL: VITALSINGS	D
			* Feed With Assistance	D
			- PROTOCOL: FEEDING	D
			* Formula Prep	D
			* Feed Formula Per Family Or Staff	D
			* Bath, Total Bed - Toddler	D
			- PROTOCOL: BATHROOM	D
			* Liner Changed	D
			* Emotional Support/Teaching	D
			* Clergy Visits	D
			* Physician Rounds	D
			* Discharge Assessment/Planning	D
			* Weight, Daily, PEEL OR NSV	D
			* Critical Value Reporting	D
			* IV Site #1 Check/Care	D
				D
			* Safety Checks	D
				D
			* Patient Education	D
				D
			* PAIN Assessment / Management - PEDI	D
				D
			* Breathing Pattern, Ineffective	D
				D
			* High Fall Risk Intervention	D
			Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:	D
			1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-seizures, diuretics, etc).	D
			2. USE CORRECTIVE LENSES, if applicable.	D
			3. ASSIST WITH EVACUATION.	D
			4. OFFER BATHROOM ASSISTANCE.	D
			5. USE NON-SKID FOOTWEAR.	D
			6. CLOSELY OBSERVE DISORIENTED PATIENTS	D
			7. ENSURE ADEQUATE LIGHTING AT NIGHT	D
			8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-chairs, etc).	D

Age/Sex: 4Y 04Y F Attending: Craig, Anna M. M.D. Status: Discharged Page 2
 Unit #: X000629604 Account #: X32957086 Initiated: 11/04/16 Printed
 Admitted: 11/04/16 at 20:9 Location: SIS Completed: 11/04/16 at 1352
 Status: DIS IN Room/Bed: X.25516.1 Protocol:

HENDERSON, ANITA L

Wills-Knighton South Nursing **Nurse**
 Patient's Plan of Care - PEDIATRIC BASIC PLAN OF CARE

STIS INIT BY	DATE	INT BY	DATE	COMP BY	DATE	STIS SRC

ADDITIONAL INTERVENTIONS	DATE	INT BY	DATE	COMP BY	DATE	STIS SRC
* Pediatric Admit Assessment	11/04/16	JG	11/04/16	2201 ADMIT		D AS
* Telemetry Monitoring	11/05/16	ISR	11/05/16	0012 BIPB		D PS
* Discharge Summary	11/06/16	RNB	11/06/16	1200 AT TIME OF DISCHARGE		D AS
- PROTOCOL: DISCHARGE						

Coordinator	Initials	Name	Nurse Type
ISR	ROBINSON	ROBINSON, JARED S	NC-IT
JG	GRIFFIN	GRIFFIN, JENNIFER	RN
RNB	BRAGG	BRAGG, KAYIA N.	RNPP

9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.
 10. ENSURE PATIENT TO ASK FOR ASSISTANCE OUT OF BED.
 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.
 12. KEEP ROOM FREE OF CLUTTER.

Problem/Goal/Intervention Description										Sts Directions			From
Activity Type	Date	Time	By	Date	Time	By	Date	Time	By	Comment	Documented	Units	Charge
Activity Date: 11/04/16 Time: 0000													
200023	High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antiemetics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.												
- Create	11/04/16	0000	JG	11/04/16	2226	JG							
Activity Date: 11/04/16 Time: 2042													
Problem: Basic Pediatric Nursing Care													
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A						
Goal: Basic nursing care will be provided.													
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
- Ed Target	11/04/16	2042	JG	11/04/16	2043	JG					None =>	11/08/16	
200006	Discharge Assessment/Planning												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	AS NEEDED					
200507	Reassessment/Evaluation - Pediatrics												
Direction -> 0719 Document when done													
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
100600	Critical Value Reporting												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A						
102000	Emotional Support/Teaching												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	AS NEEDED					
200008	IV Site #: Check/Care												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	Q2H					
250510-A	Back, Total Bed - Toddler												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	DAILY					
250512	Waren Changed												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	DAILY					
Activity Date: 11/04/16 Time: 2200													
100006	Discharge Assessment/Planning												
- Document	11/04/16	2200	JG	11/04/16	2328	JG							
Discharge Problems/Needs Identified: N													
Problem/Goal/Intervention Description										Sts Directions			From
Activity Type	Date	Time	By	Date	Time	By	Date	Time	By	Comment	Documented	Units	Charge
Activity Date: 11/04/16 Time: 2042													
4000-0	Vital Signs Vital Signs taken by a NAI are reviewed by at RN.												
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
401335	Weight, Daily, PEDI Or NSV												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	DAILY					
4500-0	Intake												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	Q6,18					
450100	Output												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	Q6,18					
550030-3	Feed With Assistance												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	MEALTIMES					
550040	Formula Prep												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	MEALTIMES					
550090	Feed Formula Per Family Or Staff												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	Q3H					
800515	Physician Rounds												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	DAILY					
800516	Clergy Visits												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	DAILY					
Problem: INJURY, POTENTIAL FOR													
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A						
Goal: No evidence of injury to patient.													
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
- Ed Target	11/04/16	2042	JG	11/04/16	2043	JG					None =>	11/08/16	
200021	Safety Checks												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	Q2H					
Problem: KNOWLEDGE DEFICIENCY													
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A						
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.													
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
- Ed Target	11/04/16	2042	JG	11/04/16	2043	JG					None =>	11/08/16	
2-0	Patient Education												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	AS NEEDED					
Problem: Pain Management													
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A						
Goal: Pain Level Acceptable to Patient													
- Create	11/04/16	2042	JG	11/04/16	2043	JG							
- Ed Target	11/04/16	2042	JG	11/04/16	2043	JG							
102012	PAIN Assessment / Management - PEDI												
- Create	11/04/16	2042	JG	11/04/16	2043	JG	A	PRN					
Activity Date: 11/04/16 Time: 2200													
100006	Discharge Assessment/Planning												
- Document	11/04/16	2200	JG	11/04/16	2328	JG							

Willis-Knighton South Nursing **JIVE**
HMS PRINT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F Attending: Craig, Anna M.D.
Unit #: K000629604 Account #: K32957086
Admitted: 11/04/16 at 20:19 Location: 5ES
Status: DIS IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description							S/S Directions			From							
Activity Type	Date	Occurred	Recorded	Time by	Comment	Units	Documented	Charge	Activity Type	Date	Occurred	Recorded	Time by	Comment	Units	Documented	Charge
Activity Date: 11/04/16 Time: 2200 (continued)																	
1-D Patient Education (continued)																	
If YES, describe:																	
*Physical limitations that may affect learning (Y/N): N																	
If YES, describe:																	
*Cognitive limitations that may affect learning (Y/N): N																	
If YES, describe:																	
*Emotional limitations that may affect learning (Y/N): N																	
If YES, describe:																	
If patient has pain, what issues have been discussed with patient regarding this:																	
:CALL NURSE AT ONSET OF ANY SIGNS OF PAIN																	
:																	
Pt/Family encouraged to report concerns about Pt. safety issues: N																	
What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH																	
:BED IN LOW POSITION, SIDE RAILS UP, NOW AT BEDSIDE																	
*Is patient/family motivated to learn: (Y/N): Y																	
If NO, explain:																	
:LEARNING NEEDS																	
TEACHING SUMMARY																	
*Disease (Y/N): Y :BRONCHOLITIS WITH HYPOXIA																	
Isolation (Y/N): N :																	
*Equipment (Y/N): Y :IV RAMP, CALL LIGHT, BED CONTROLS, O2 SETUP, HBN																	
*Procedure (Y/N): Y :ADMIT																	
*Medication (Y/N): Y :SEE MAR/ADMIT																	
*New Medication (Y/N): N :																	
Education :																	
*Follow-up care (Y/N): Y :PER MD AT DC																	
Referral/Resources (Y/N): N :																	
*Nutrition (Y/N): Y :TODDLER DIET																	
Other Teaching: PLAN OF CARE, PEDIATRIC SECURITY POLICY																	
:																	
If applicable, pt has demonstrated competence to self administer medications: N																	
Medi: NA																	
Yed2: NA																	
Yed3: NA																	
Method of Instruction: Explain																	
Evidence of Learning Demonstrated By: Expresses Understanding																	
:02012 PAIN Assessment / Management - PEDI A PRN																	
- Document 11/04/16 2200 JG 11/04/16 2329 JG 0.0																	
Are You Having PAIN / DISCOMFORT Now: N																	
Is this a new episode of pain:																	
Location Of Pain:																	
Duration Of Pain:																	
Pain Frequency:																	
Character of Pain:																	
Onset of Pain:																	
Pain Relieved By:																	

If applicable, pt has demonstrated competence to self administer medications: N
Med1: NA Med2: NA Med3: NA
Method Of Instruction: Explain
Evidence Of Learning Demonstrated BY: Expresses Understanding
C02012 PAIN Assessment / Management - PEDI A PRN
- Document 11/04/16 2200 JG 11/04/16 2329 JG 0.0
Are You Having PAIN / DISCOMFORT Now: N
Is this a new episode of pain:
Location Of Pain:
Duration Of Pain:
Pain Frequency:
Character Of Pain:
Onset Of Pain:
Pain Relieved By:

Age/Sex: 4Y 04Y F Attending: Craig, Anna M M.D. Unit #: K00629604 Account #: K32957086 Admitted: 11/04/16 at 2019 Location: 5E5 Status: DIS IN Room/Bed: K.E5516-1
Printed 10/01/19 at 1352
WILLIS-KIGHTON South Nursing ***NURSING INFORMATION
HIVS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions			
Activity	Occurred	Recorded	From	Type	Date	Time by Date	Units
Activity Date: 11/04/16 Time: 2200 (continued)				100522 Pediatric Admit Assessment (continued)			
Pain Assessment / Management - PEDI (continued)				Diarrhea, Abdominal Pain, or Unexplained Hemorrhage.			
Pain scale used to assess pain:				Have you or a close contact traveled outside of the continental US or come into contact with an Ebola patient in the past 30 days? N			
Pain score: 0				If the answer is YES, ask where the patient or close contact has traveled.			
Pharmacologic (see VAR): N				Traveled to Where?			
Non-Pharmacologic:				If they say Africa, please ask them where in Africa			
Emotional support:				If travel to Guinea, Liberia, Nigeria, or Sierra Leone			
Comfort measures:				is identified, isolate the patient IMMEDIATELY and contact the MD, contact the Nursing House Supervisor, and Infection Prevention and Control.			
Cognitive techniques:				Information Obtained from: Mother			
3000000 Breathing Pattern, Ineffective				Mode Of Admission: Wheel Chair			
- Document 11/04/16 2200 JG 11/04/16 2338 JG				*Admitted From: Emergency Room			
Is patient on oxygen? Y				-D. Band Applied: Yes ID Band Applied			
200023 High Fall Risk Intervention				Do you have a Barrier to Communication (Y/N): N			
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:				WK Interpretive Services Needed?			
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-stimulants, diuretics, etc).				Interpretive Services Provided:			
2. USE CORRECTIVE LENSES, if applicable.				Interpreter ID Number:			
3. ASSIST WITH AMBULATION.				Language Preference for Medical Communication: ENGLISH			
4. OFFER BATHROOM ASSISTANCE.				If other, please specify:			
5. USE NON-SKID FOOTWEAR.				----- Patient Advocate Support Person -----			
6. CLOSELY OBSERVE DISORIENTED PATIENTS				Barrier to Communication (Y/N): N			
7. ENSURE ADEQUATE LIGHTING AT NIGHT				Language Preference for Medical Communication: ENGLISH			
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).				If other, please specify: NA			
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.				Do you want anyone notified of your admission? No			
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.				Name and number of person to notify: NN			
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.				Was contact made? No			
12. KEEP ROOM FREE OF CLUTTER.				What HEALTH PROBLEMS Brought You To The Hospital: BREATHING DIFFICULTY, COUGHING, FEVER			
- Document 11/04/16 2200 JG 11/04/16 2338 JG				*Repeat Hospital Admit Within 30 Days: N			
Activity Date: 11/04/16 Time: 2201				If yes, when and for what:			
100522 Pediatric Admit Assessment				DX #1: BRONCHITIS WITH HYPOXIA			
- Create 11/04/16 2201 JG 11/04/16 2226 JG				DX #2:			
- Document 11/04/16 2201 JG 11/04/16 2226 JG				Blood Pressure: 121/74			
-----TRAVEL QUESTIONS - MANDATORY-----				Temp: 99.3			
For patients presenting with the following symptoms:				Heart Rate: 152			
Fever> or = 100.4 deg F, Headache, Muscle Pain, Vomiting				Resp. Rate: 26			
				Wt. (LB): 31			
				Wt. (KG): 14.1			
				Head Circ (cm):			
				----- ALLERGIES -----			

Age/Sex: 4 Y 04X F Attending: Craig, Anna M. M.D.
Unit #: K000629604 Account #: R32957086
Admitted: 01/04/16 at 20:29 Location: 5E5
Status: D-S IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description					S/s Directions			From		
Activity	Occurred	Recorded	Documented	Charge	Activity	Occurred	Recorded	Documented	Charge	
Type	Date	Time by Date	Time by Comment	Units	Type	Date	Time by Date	Time by Comment	Units	
Activity Date: 11/04/16					Time: 2201 (continued)					
00522 Pediatric Admit Assessment (continued)										
Does the PATIENT ONLY Have a History of:										
Birth Defects: N					Prematurity: Y					GI Problems: N
GU Problems: N					Seizures: N					*Heart Disease: N
Hypertension: N					Sickle Cell Trait: N					Resp. Problem: Y
Psychiatric Disorder(s): N					Cancer: N					
----- DIABETIC HISTORY -----										
Diabetes: None										
Diabetes Treatment:										
Does home blood sugars? (Y/N)										
Have you ever received education about your diet:										
Have you ever received education about managing diabetes:										
Was your last HgbA1C less than 8%:										
FAMILY HISTORY Of: Asthma: N					Cancer: N					Diabetes: Y
Hgb: Blood Pressure: Y					Kidney Problems: N					Seizures: Y
Other Significant History of: NI FOR 100 DAYS, ON THE VENT FOR 1 MONTH, BLOOD TRANSFUSION										Heart Disease: N
: WHILE IN NI										Psych. Disease: N
:										
Previous Surgeries: NONE					----- PREVIOUS SURGICAL HISTORY -----					
:										
:										
Is the Patient Having surgery? N					Last Food or Drink Intake: Date:					Time:
Have you or any of your relatives had any problem with anesthesia/sedation (high fever, difficulty awakening, etc): N										
If YES, explain:										
Musculoskeletal / Functional Limitations: None					----- MUSCULOSKELETAL -----					
Site Of Abnormality/Limitation 1: Not Applicable										
Site Of Abnormality/Limitation 2: Not Applicable										
Gait: Unsteady: N					Difficulty Walking: N					
----- GASTROINTESTINAL -----										
Nutritional Problems: No Problem Stated					GI Problems: Not Applicable					
Current Problem: Not Applicable					Abdomen: Normal					
Bowel Sounds: Present					Abd. Girth (cm):					
Ostomy: Not Applicable					Tubes: NA					
Date Of Last Bowel Movement: 11/04/16					Receiving *TPN: N					*Tube Feeding: N
----- GENITOURINARY -----										
Urogenital Tract Female: No abnormalities										
Urogenital Tract Male:										
Urination: Normal voiding pattern					Color Of Urine: NOT OBSERVED					
Tubes: NA					Foley: N					Ostomy: Not Applicable

Problem/Goal/Intervention Description					S/s Directions			From					
Activity	Occurred	Recorded	Documented	Charge	Activity	Occurred	Recorded	Documented	Charge				
Type	Date	Time by Date	Time by Comment	Units	Type	Date	Time by Date	Time by Comment	Units				
Activity Date: 11/04/16					Time: 2201 (continued)								
00522 Pediatric Admit Assessment (continued)													
Allergy/Vac/Contact: NKDA													
Allergy2-Vac/Contact: NKDA													
Latex Allergy (Y/N): No, Latex Allergy													
Does this patient have any food allergies/intolerance: N													
Food Allergies-Intol: NKDA													
----- PAIN -----													
Are You Having PAIN / DISCOMFORT Now: N													
Location Of Pain:													
Pain Frequency:													
Onset Of Pain:													
Pain Made Worse By:													
Fear most about pain:													
Problems caused by pain:													
Who else have you consulted about pain:													
What treatments might help the pain:													
Pain scale used to assess pain:													
Pain Scale Explained, Understanding Voice:													
Patient's Acceptable Level of Pain:													
----- IMUNIZATIONS -----													
Immunizations Current: Y													
Full Vaccine this flu season (Sep 1 - Mar 31): No													
----- MEDICATION LIST & ALLERGIES -----													
Current Meds or Herbs/als Being Taken: Y					All Medication Information Obtainable: N								
MEDICATION					DOSE					ROUTE	FREQUENCY	DATE	LAST TAKEN
ALBUTEROL					1.5/2 UD					INHN	:Q 4 HRS PRN	:	:
ANTI-FUNGAL CREAM										TOP	:Q DAY	:	:
										:	:	:	:
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HENDERSON, [REDACTED]

Problem/Goal/Intervention Description				S/S Directions				From			
Activity Type	Occurred Date	Recorded Time by Date	Units	Activity Type	Occurred Date	Recorded Time by Date	Units	Activity Type	Occurred Date	Recorded Time by Date	Units
Activity Date: 11/04/16 Time: 2201 (continued)											
100522	Pediatric Admit Assessment (continued)										
Resp. Effort: Using Accessory Muscles Respiratory Comment: Shallow											
Breath Sounds: Wheezing Other Comments: DIMINISHED BREATH SOUNDS											
Cough: Productive Secretion Amount: Not Observed											
Secretion Color: Not Applicable Secretion Consistency:											
Tracheostomy: N											
Heart Sounds: Regular											
Edema: None											
Pulse Quality: Normal Pulsation Abnormal Pulse Location(s): NA											
Transfusion: N Reaction: If Yes, Explain:											
Capillary Refill greater than 3 seconds: N Location:											
Is this a PRE-ADMIT Assessment: N											
I verify that I have performed a complete skin assessment and documented all findings below.											
Skin Temperature/Character: Warm & Dry Skin Color: Normal											
Pressure Ulcer/Skin Impairment: Of Admit: N If YES, list all location(s) and use the Skin Description: Lookup and/or Free Text for EACH.											
If >0 locations, document remaining in a Patient Note.											
SKIN DESCRIPTION											
LOCATION	: Rash										
: Arm	:										
:	:										
:	:										
:	:										
:	:										
:	:										
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:	:										
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:	:										
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):											
: HEALING RINGWORM LIKE RASH TO BACK OF RIGHT UPPER ARM											
: OTHERWISE SKIN INTACT											
:	:										
:	:										
:	:										
:	:										
:	:										
:	:										
:	:										
:	:										
Table to Assess Incision: Dressing Intact:											
Location:											

Age/Sex: 4Y 04M F Attending: Craig, Anna M.M.D.
 Unit #: K000629604 Account #: K32957086
 Admitted: 11/04/16 at 20:19 Location: 5B5
 Status: D.S IN Room/Bed: K.E55-6-1
 HENDERSON, L
 Willis-Knighton South Nursing **LIVE**
 HTVS FRIN: ALL NURSING INFORMATION

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Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units	Recorded Time by	Comment	Documented Units	From	
Activity Date: 11/04/16 Time: 2201 (continued)									
100522	Pediatric Admit Assessment (continued) Tell Me About Your Family: Do You Have Any Brothers: How Many Brothers: Do You Have Any Sisters: How Many Sisters: Are You Able To Talk To Your Parents: Some Things? Most Things? All Things? Nothing? Able Talk To Parents: What Grade Are You In School: What Is Your Favorite Subject: What Kind Of Grades Do You Make (Good/Fair/Poor): What Kind Of Hobbies Do You Have: Do You Belong To Any Clubs, Groups, or Gangs: Which Ones: Are You Allowed To Date Yet: Have You Had Sex Education At School: If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program: Not Interested In Program: Females: Y Have you had your first period: N If Yes, What age (yrs) did you have your first period: NA If Yes, When Was Your Last Period: NA Birth Wt (lbs): 1 Birth Wt (oz): 9 Birth Length (in): 11 Place of Birth (City and Hospital): LSU Complications at Birth: Y If yes, what: PREECAMPSIA Does Patient Use Tobacco: N Type of Tobacco Used: How Much Tobacco Used: Does Caregiver Smoke: N Does Patient Drink LIQUOR/BEER/WINE: N Type Of Alcohol Consumed: If Yes, How Much: Do You Have A RELIGIOUS AND/OR CULTURAL TRADITION We Need To Consider: N If YES, What: Spiritual Support Request No Potential Barrier to Learning: None *Emotional/Psychiatric Assessment: Pediatric/irritable Should Anyone Else be Included in Your Teaching: Y If Yes, Who: MOM Do You Have Thoughts Of Harming Yourself: No Do You Feel Abused Or Neglected In Anyway: No Are You In A Situation Which Causes You Fear, Pain or Injury: No Emergency Contact: Name: ELIZABETH ALEXANDER Home Number: 318-347-0227 Other Number: GRANDMOTHER								
Activity Date: 11/04/16 Time: 2201 (continued)									
100522	Pediatric Admit Assessment (continued) Does Your Child Scribble When Given Crayons And Paper: Can Child Walk All The Way Across A Rug. Run. W/O Falling: 24 Months: Y Is Your Child Able To Remove All His/Her Clothes: No Is Child Able To Stack 4 Objects, Blocks, On Top Of Ea Other: Yes Does Your Child Combine Words: No Is Your Child Able To Kick A Ball Forward: Yes 3 Years: Y Is Your Child Able To Wash And Dry His/Her Hands: No Is Your Child Able To Name At Least Four Items In A Book: No Does Child Comprehend At Least 2 Action Words, I.e Dog Barks: No Is Your Child Able To Throw A Ball Overhand: Yes 4 Years: Does Your Child Dress Him/Herself Without Help: Is Your Child Able To Draw A Circle By Copying: Does Child Use At Least Four Diff Action Words (Verbs): Does Your Child Hop On One Foot: 5 Years: Does Child Play Board/Card Games With You / Other Children: Is Child Able To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Can Your Child Broad Jump: 6 Years: Can Your Child Copy A Square: Can Your Child Repeat Five Numbers In Proper Sequence: Is Your Child Able To Define Words, I.e. Banana Is A Fruit: Can Your Child Skip: 7-10 Years: Is Your Child In The Grade Appropriate For His/Her Age: Has A Friend He/She plays W/ On A Reg Basis Outside School: 11-13 Years: Is Your Child In The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects: Child Has A Group Of Peers W/ Whom Much Free Time Is Spent: 14-18 YEARS: With Whom Do You Live:								

Age/Sex: 4Y 04M.F
Unit #: K0006296C4
Admitted: 11/04/16 at 20:9
Status: DIS IN
Attending: Craig, Anna V. M.D.
Account #: K32957086
Location: 5S5
Room/Bed: K.E55-6-1

Problem/Goal/Intervention Description				S/S	Directions	From
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Documented	Charge
<p>Activity Date: 11/04/16 Time: 2300 (continued)</p> <p>200008 IV Site #1 Check/Care (continued)</p> <p>PSI Limit Settings #1:</p> <p>PSI Actual Reading #1:</p> <p>IV Dressing Changed Site #1: 11/04/16</p> <p>IV Dressing Changed Time #1:</p> <p>Date IV (#1) started: 11/04/16 Time IV (#1) started:</p> <p>200022 Safety Checks</p> <p>- Document 11/04/16 2300 JG 11/05/16 0533 JG A Q2H 5.3 CP</p> <p>Family Member At Bedside: Y Respiration Observed: Y</p> <p>Call Light/Telephone In Reach: Y Fall Precautions: Y</p> <p>Crib Rails (Up / Down): Not Applicable</p> <p>Number Of Bed Rails Up: 3</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: N</p> <p>CPM in Use: N</p> <p>Pt. Off Unit: N</p> <p>PAIN Assessment / Management - PEDI</p> <p>11/04/16 2300 JG 11/05/16 0532 JG A PRN 0.0 CP</p> <p>Are You Having PAIN / DISCOMFORT Now: N</p> <p>Is this a new episode of pain:</p> <p>Location Of Pain:</p> <p>Duration Of Pain:</p> <p>Pain Frequency:</p> <p>Character Of Pain:</p> <p>Onset Of Pain:</p> <p>Pain Relieved By:</p> <p>Pain Made Worse By:</p> <p>Cause Of Pain:</p> <p>Pain scale used to assess pain:</p> <p>Pain score: 0</p> <p>-----Pain Interventions-----</p> <p>Pharmacologic (see MAR): N</p> <p>Non-Pharmacologic:</p> <p>Emotional support: Y</p> <p>Comfort measures: Y</p> <p>Cognitive techniques: N</p> <p>200023 High Fall Risk Intervention:</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <p>1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).</p> <p>2. USE CORRECTIVE LENSES, if applicable.</p>						
<p>Activity Date: 11/04/16 Time: 2300 (continued)</p> <p>200023 High Fall Risk Intervention (continued)</p> <p>3. ASSIST WITH AMBULATION.</p> <p>4. OFFER RAINFOOT ASSISTANCE.</p> <p>5. USE NON-SKID FOOTWEAR.</p> <p>6. CLOSELY OBSERVE DISORIENTED PATIENTS</p> <p>7. ENSURE ADEQUATE LIGHTING AT NIGHT</p> <p>8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).</p> <p>9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.</p> <p>10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.</p> <p>11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.</p> <p>12. KEEP ROOM FREE OF CLUTTER.</p> <p>- Document 11/04/16 2300 JG 11/05/16 0533 JG</p> <p>Activity Date: 11/05/16 Time: 0900</p> <p>400010 Vital Signs</p> <p>Vital Signs taken by a NAI are reviewed by an RN</p> <p>- Document 11/05/16 0900 JG 11/05/16 0909 JG A Q4H 21.4 CP</p> <p>5.006 Pressure:</p> <p>BP Type:</p> <p>Temp: 98.5 Type Of Temperature: Axillary</p> <p>Heart Rate: 145 Heart Rate Source: Apical</p> <p>Resp. Rate: 26</p> <p>SAG2: 98 O2 Delivery: 1 LMP/NC</p> <p>Activity Date: 11/05/16 Time: 0912</p> <p>401050 Telemetry Monitoring</p> <p>- Create 11/05/16 0912 ISR 11/05/16 0912 ISR A BID8 PS</p> <p>Activity Date: 11/05/16 Time: 0100</p> <p>200028 IV Site #1 Check/Care</p> <p>- Document 11/05/16 0100 JG 11/05/16 0532 JG A Q2H 8.0 CP</p> <p>IV Site #1: Left Hand</p> <p>Peripherally Inserted Central Catheter (Y/N): N</p> <p>Site Description: #1: Normal</p> <p>Rate (cc/hr) #1: 50</p> <p>Type Of IV Solution #1 (free text): NS</p> <p>Site Changed #1: 11/04/16</p> <p>IV Tubing Changed #1:</p> <p>IVPB Tubing Changed #1: 11/04/16</p> <p>PSI Limit Settings #1:</p> <p>PS Actual Reading #1:</p> <p>IV Dressing Changed Site #1: 11/04/16</p> <p>IV Dressing Changed Time #1:</p> <p>Date IV (#1) started: 11/04/16 Time IV (#1) started:</p>						

Age/Sex: 4Y 04M F Attending: Craig, Anna V. M.D.
 Unit #: K000629504 Account #: K32957086
 Admitted: 11/04/16 at 20:19 Location: SES
 Status: DIS IN Room/Bed: K.E5516-1

Page: 10 of 31

Willis-Knighton South Nursing **LIVE**
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Printed 10/01/19 at 13:52

Problem/Goal/Intervention Description				Sta Directions				From	
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units	Time by	Comment	Documented Units	Charge	Charge
Activity Date: 11/05/16 Time: 0300									
102012	PAIN Assessment / Management - PEDI	A	PRN	A	Q4H			CP	CP
- Document	11/05/16 0300 JG	11/05/16 0532 JG		0.0					
Are you having PAIN / DISCOMFORT Now: N									
Is this a new episode of pain:									
Location of Pain:									
Duration of Pain:									
Pain Frequency:									
Character of Pain:									
Onset of Pain:									
Pain Relieved By:									
Pain Made Worse By:									
Cause of pain:									
Pain scale used to assess pain:									
Pain score: 0									
Pharmacologic (see VAR): N									
Non-Pharmacologic:									
Emotional support:									
Comfort measures:									
Cognitive techniques:									
200023	High Fall Risk Intervention	N						CP	CP
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:									
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).									
2. USE CORRECTIVE LENSES, if applicable.									
3. ASSIST WITH AMBULATION.									
4. OFFER BATHROOM ASSISTANCE.									
5. USE NON-SKID FOOTWEAR.									
6. CLOSELY OBSERVE DISORIENTED PATIENTS									
7. ENSURE ADEQUATE LIGHTING AT NIGHT									
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).									
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.									
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.									
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.									
12. KEEP ROOM FREE OF CLUTTER.									
- Document:	11/05/16 0300 JG	11/05/16 0533 JG							
Activity Date: 11/05/16 Time: 0500									
200008	IV Site #: Check/Care	11/05/16 0500 JG	11/05/16 0532 JG					CP	CP
- Document	IV Site #: Left Hand								
Peripherally Inserted Central Catheter (Y/N): N									
Site Description #: Normal									
Rate (cc/hr) #: 50									
Type Of IV Solution #1 (free text): NS									
Site Charged #: 11/04/16									
IVB Tubing Changed #: 11/04/16									
PSI Limit Settings #1:									
PSI Actual Reading #1:									
IV Dressing Changed Site #: 11/04/16									
IV Dressing Changed Time #1:									
Date IV #1 started: 11/04/16 Time IV #1 started:									
200021	Safety Checks	11/05/16 0500 JG	11/05/16 0533 JG					CP	CP
- Document	Family Member At Bedside: Y								
Respiration Observed: Y									
Call Light/Telephone In Reach: Y									
Fall Precautions: Y									
Crib Rails (Up / Down): Not Applicable									
Number Of Bed Rails Up: 3									
Are bedrails up because of meds given: N									
Bed Brakes Locked: Y									
Bed High OR Low Position: LOW									
All Alarms On and Audible: N									
CPM in use: N									
PT. Off Unit: N									
102012 PAIN Assessment / Management - PEDI									
- Document	11/05/16 0500 JG	11/05/16 0532 JG						CP	CP
Are you having PAIN / DISCOMFORT Now: N									
Is this a new episode of pain:									
Location of Pain:									
Duration of Pain:									
Pain Frequency:									
Character of Pain:									
Onset of Pain:									
Pain Relieved By:									
Pain Made Worse By:									
Cause of pain:									
Pain scale used to assess pain:									
Pain score: 0									
Pharmacologic (see VAR): N									
Non-Pharmacologic:									
Emotional support:									
Comfort measures:									
Cognitive techniques:									
200023	High Fall Risk Intervention	N						CP	CP
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:									
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).									
2. USE CORRECTIVE LENSES, if applicable.									
3. ASSIST WITH AMBULATION.									
4. OFFER BATHROOM ASSISTANCE.									
5. USE NON-SKID FOOTWEAR.									
6. CLOSELY OBSERVE DISORIENTED PATIENTS									
7. ENSURE ADEQUATE LIGHTING AT NIGHT									
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).									
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.									
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.									
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.									
12. KEEP ROOM FREE OF CLUTTER.									
- Document:	11/05/16 0300 JG	11/05/16 0533 JG							

Age/Sex: 4Y 04M F Attending: Craig, Anna M.M.D. Henderson, [REDACTED] Page: 11 of 31
 Unit #: K000629004 Account #: K32957086 Wells-Knighton South Nursing **LIVE** Printed 10/01/19 at 1352
 Admitted: 11/04/16 at 2019 Location: SES HEMS PRN ALL NURSING INFORMATION
 Status: DIS IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Time	By Comment	Time	By Comment	Time	By Comment	Units	Charge
Activity Date: 11/05/16 Time: 0500 (continued)									
102012	PAIN Assessment / Management - PEG (continued)								
	Pain Made Worse By:								
	Cause of pain:								
	Pain scale used to assess pain:								
	Pain score: 0								
	--- Pain Interventions---								
	Pharmacologic (see VAR): N								
	Non-Pharmacologic:								
	Emotional support:								
	Comfort measures:								
	Cognitive techniques:								
200023	High Pain Risk Intervention:								
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/C, Geri-chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
	12. KEEP ROOM FREE OF CLUTTER.								
- Document	11/05/16 0500 JG	11/05/16 0513 JG							
Activity Date: 11/05/16 Time: 0530									
450010	Intake								
- Document	11/05/16 0530 JG	11/05/16 0530 JG							
	ORAL - just H2O (ml):								
	ORAL (not water) ml: 120								
	Tube Feed (ml):								
	NGT Tube Flushes (ml):								
	PEG Tube Flushes (ml):								
	IV (ml): 450								
	IVPB (ml):								
	CP								
Activity Date: 11/05/16 Time: 0730									
100006	Discharge Assessment/Planning								
- Document	11/05/16 0730 BG	11/05/16 0955 BG							
	AS NEEDED								
	Discharge Problems/Needs Identified: N								
	:S/S OF RESPIRATORY DISTRESS								
	:WHEN TO SEEK MEDICAL ATTENTION								
	:FOLLOW UP CARE								
	:MEDS/DIET/ACTIVITY								

Age/Box: 4Y 04M F Attending: Craig, Anna M.D. Henderson, PAH L
 Unit #: 8009629604 Account #: K32957086
 Admitted: 11/04/16 at 2019 Location: SES
 Status: 0.5 IN Room/Bed: K.ESS16-1
 Printed 10/01/19 at 1352
 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sts Directions				From			
Activity	Date	Time	By	Recorded	Time	By	Comment	Documented	Units	Charge	
Activity Date: 11/05/16 Time: 0730 (continued)											
00006	Discharge Assessment/Planning	(continued)									
Arrangements Made to Meet Need(s): Y											
: ONGOING TEACHING											
:											
:											
00057	Reassessment/Evaluation - Pediatrics	A									
Direction: >0719 Document when done											
- Document	11/05/16	0730	BG	11/05/16	0958	BG					
Date: 11/05/16	Shift: 7A - 7P										
Focus / Plan For The Day: RESP TX, MEDICATIONS, O2 THERAPY											
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/05/16											
Wound: N	Dressing: N	Drain: N	Pain At Present Time: N	Swallowing Difficulty: N							
Level Of Alertness: Alert And Disoriented Pupillary Reaction: Equal/Reactive											
Emotion/Psych Asmt: Pediatric/quiets easily Responds: Spontaneously											
Ventilator N											
Respirations: Normal											
Cough: None											
Expectorant Color: Not Applicable Amount Expectorated: Not Applicable											
O2: Y O2 Delivery: 1 L/10/NC Consistency: Not Applicable											
Pulse Quality: Normal Pulsation											
Edema Of Extremity: None											
Abdomen: Soft/Active Bowel Sounds											
Bowel Movement This Shift: N Date Of Last Bowel Movement:											
Are You Having PAIN / DISCOMFORT Now: N											
Is this a new episode of pain: N											
Location Of Pain:											
Duration Of Pain:											
Character Of Pain:											
Onset Of Pain:											
Pain Relieved By:											
Pain Made Worse By:											
Pain scale used to assess pain:											
Pain score: 0											
-----Pain Interventions-----											
Pharmacologic (see MAR):											
Non-Pharmacologic:											
Emotional support:											
Comfort measures:											
Cognitive techniques:											
Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? Y/N: N											
Color Of Urine: NOT OBSERVED											
Character Of Urine: NOT OBSERVED											
Sens PERCEP Completely Limited Very Limited Slightly Limited No Impairment											
MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist											
ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate											
MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation											
NUTRITION Very Poor Inadequate Adequate Excellent											

----- BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) -----

1 2 3 4
 SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment
 MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist
 ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate
 MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation
 NUTRITION Very Poor Inadequate Adequate Excellent

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Activity Type	Occurred Date	Recorded Time by Date	Documented Units	From
Activity Date: 11/05/16 Time: 0730 (continued)								
200008	IV Site #1 Check/Care (continued)			200008	IV Site #1 Check/Care (continued)			CP
	Site Description #: Normal				Site Description #: Normal			
	Rate (cc/hr) #: 50				Rate (cc/hr) #: 50			
	Type Of IV Solution #: (free text): NS				Type Of IV Solution #: (free text): NS			
	Site Changed #: 11/04/16				Site Changed #: 11/04/16			
	IV Tubing Changed #: 11/04/16				IV Tubing Changed #: 11/04/16			
	IVPB Tubing Changed #: 11/04/16				IVPB Tubing Changed #: 11/04/16			
	PSI Limit Settings #: 11/04/16				PSI Limit Settings #: 11/04/16			
	PSI Actual Reading #: 11/04/16				PSI Actual Reading #: 11/04/16			
	IV Dressing Changed Site #: 11/04/16				IV Dressing Changed Site #: 11/04/16			
	IV Dressing Changed Time #: 11/04/16				IV Dressing Changed Time #: 11/04/16			
	Date IV (#1) started: 11/04/16 Time IV (#1) started: 11/04/16				Date IV (#1) started: 11/04/16 Time IV (#1) started: 11/04/16			
	20002: Safety Checks				20002: Safety Checks			
	- Document 11/05/16 0730 BG 11/05/16 1000 BG				- Document 11/05/16 0730 BG 11/05/16 1000 BG			
	Family Member At Bedside: Y				Family Member At Bedside: Y			
	Call Light/Telephone In Reach: Y				Call Light/Telephone In Reach: Y			
	Crib Rails (Up / Down): Not Applicable				Crib Rails (Up / Down): Not Applicable			
	Number Of Bed Rails Up: 3				Number Of Bed Rails Up: 3			
	Are bedrails up because of meds given: N				Are bedrails up because of meds given: N			
	Bed Brakes Locked: Y				Bed Brakes Locked: Y			
	Bed High OR Low Position: LOW				Bed High OR Low Position: LOW			
	All Alarms On and Audible: N				All Alarms On and Audible: N			
	CPV in Use: N				CPV in Use: N			
	Pt. Off Unit: N				Pt. Off Unit: N			
1-D	Patient Education			1-D	Patient Education			CP
	- Document 11/05/16 0730 BG 11/05/16 0955 BG				- Document 11/05/16 0730 BG 11/05/16 0955 BG			
	Learner's Preferred Method: One-on-One Teaching				Learner's Preferred Method: One-on-One Teaching			
	Language Spoken: (002): English				Language Spoken: (002): English			
	If Other, Describe:				If Other, Describe:			
	*Religious or Cultural practices that may affect learning:				*Religious or Cultural practices that may affect learning:			
	If YES, describe:				If YES, describe:			
	*Physical limitations that may affect learning (Y/N): N				*Physical limitations that may affect learning (Y/N): N			
	If YES, describe:				If YES, describe:			
	*Cognitive limitations that may affect learning (Y/N): N				*Cognitive limitations that may affect learning (Y/N): N			
	If YES, describe:				If YES, describe:			
	*Emotional limitations that may affect learning (Y/N): N				*Emotional limitations that may affect learning (Y/N): N			
	If YES, describe:				If YES, describe:			
	If patient has pain, what issues have been discussed with patient regarding this:				If patient has pain, what issues have been discussed with patient regarding this:			
	:CALL NURSE AT ONSET OF ANY SIGNS OF PAIN				:CALL NURSE AT ONSET OF ANY SIGNS OF PAIN			
	Pt/Family encouraged to report concerns about Pt. safety issues: N				Pt/Family encouraged to report concerns about Pt. safety issues: N			
	What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH				What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH			
	:BED IN LOW POSITION, SIDE RAILS UP, MOM AT BEDSIDE				:BED IN LOW POSITION, SIDE RAILS UP, MOM AT BEDSIDE			
	*Is patient/family motivated to learn (Y/N): Y				*Is patient/family motivated to learn (Y/N): Y			
	If NO, explain:				If NO, explain:			

Age/Sex: 4Y 04M F Attending: Craig, Anna Y. M.D. Henderson, [REDACTED] Page: 14 of 31
 Unit #: K000629604 Account #: K32957086 Printed: 10/01/19 at 1352
 Admitted: 11/04/16 at 20:9 Location: SES Williams-Knighton: South Nursing **LIVE**
 Status: D-5 IN Room/Bed: K.E55-16-1 HIMES PRINT: ALL NURSING INFORMATION

Problem/Goal/Intervention Description				S/S Directions			
Activity Type	Occurred Date	Recorded Time	By Comment	Documented Units	From	Change	
Activity Date: 11/05/16 Time: 0730 (continued)							
Patient Education (continued)							
TEACHING SUMMARY							
*Disease (Y/N): Y :BRONCHOLITIS WITH HYPOXIA *Isolation (Y/N): N : *Equipment (Y/N): Y :IV PUMP, O2L LIGHT, BED CONTROLS, O2 SETUP, HBN *Procedure (Y/N): Y :ADMIN *Medication (Y/N): Y :SEE MAR/ADMIN *New Medication (Y/N): N : Education : *Follow-up care (Y/N): Y :PER MD AT DC Rehab/Resources (Y/N): N : *Nutrition (Y/N): Y :TODDLER DIET Other Teaching: PLAN OF CARE, PEDIATRIC SECURITY POLICY							
If applicable, pt has demonstrated competence to self administer medications: N							
Yed1: NA Yed2: NA Yed3: NA							
Method of instruction: Explain							
Evidence of Learning Demonstrated By: Expresses Understanding							
300C001	Breathing Pattern: Ineffective	A	QSHIF		CP		
- Document	11/05/16 0730 BG 11/05/16 1001 BG						
Is patient on oxygen? Y							
200C23	High Fall Risk Intervention	A	Q2H		CP		
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:							
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.							
Date IV (#1) started: 11/04/16 Time IV (#1) started:							
Activity Date: 11/05/16 Time: 0900							
200008	IV Site #1 Check/Care	A	Q2H		CP		
- Document	11/05/16 0900 BG 11/05/16 1001 BG						
IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 50 Type Of IV Solution #1: (free text): NS Site Changed #1: 11/04/16 IV Tubing Changed #1: IVFB Tubing Changed #1: 11/04/16 PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: 11/04/16 IV Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time IV (#1) started:							

Problem/Goal/Intervention Description

Activity Type Occurred Date Recorded Time By Comment Documented Units From Change

200023 High Fall Risk Intervention (continued)
 12. KEEP ROOM FREE OF CLUTTER.
 - Document 11/05/16 0730 BG 11/05/16 1001 BG

Activity Date: 11/05/16 Time: 0738

400010 Vital Signs
 Vital Signs taken by a NAI are reviewed by an RN. A Q4H CP

- Document 11/05/16 0738 CUP 11/05/16 0738 CUP 21.4
 Blood Pressure: BP Position:

BP Type: Temp: 99.4 Type Of Temperature: Axillary
 Heart Rate: 148 Heart Rate Source: Apical
 Resp. Rate: 24
 SAO2: 98 O2 Delivery: 1 L/ME/NC

Activity Date: 11/05/16 Time: 0800

40105C Telemetry Monitoring
 - Document 11/05/16 0800 ERS 11/05/16 0904 ERS A E1D8 PS 126.1

Rate From Telemetry Monitor:
 Tel Mon (Rhythm):

Add'l. Doc: 02 100%
 Alarm High: 100
 Alarm Low: 88

Telemetry Electrodes Last Changed:
 Telemetry Discontinued:

550030-B Feed With Assistance
 - Document 11/05/16 0800 BG 11/05/16 1620 BG A XEALTYVES 74.9 CP

Current Diet: TODDLER
 Add'l Diet Restrict:

Meat: Breakfast
 Percentage of Meat Eaten: Ate 25%

Supplement:
 Percentage of Supplement Consumed:

Activity Date: 11/05/16 Time: 0900

200008 IV Site #1 Check/Care
 - Document 11/05/16 0900 BG 11/05/16 1001 BG A Q2H CP 8.0

IV Site #1: Left Hand
 Peripherally Inserted Central Catheter (Y/N): N
 Site Description #1: Normal

Rate (cc/hr) #1: 50
 Type Of IV Solution #1: (free text): NS

Site Changed #1: 11/04/16
 IV Tubing Changed #1:

IVFB Tubing Changed #1: 11/04/16
 PSI Limit Settings #1:

PSI Actual Reading #1:
 IV Dressing Changed Site #1: 11/04/16

IV Dressing Changed Time #1:
 Date IV (#1) started: 11/04/16 Time IV (#1) started:

HENDERSON, [REDACTED]
Willis-Knighton South Nursing **LIVE**
HMS PRNT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F Attending: Craig, Anna M M.D.
Unit #: K000629604 Account #: K32957086
Admitted: 11/04/16 at 2019 Location: 5ES
Status: DTS IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Documented Units	Charge	
Activity Date: 11/05/16 Time: 0900									
200008	Safety Checks	11/05/16 0900	BG	11/05/16 1001	BG	A	Q2H	5.3	
- Document Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y									
Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CPX in use: N Pt. Off Unit: N									
200023	High Fall Risk Intervention					A	Q2H		
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DYSORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.									
- Document 11/05/16 0900 BG 11/05/16 1001 BG									
Activity Date: 11/05/16 Time: 1100									
200008	IV Site #1 Check/Care	11/05/16 1100	BG	11/05/16 1119	BG	A	Q2H	8.0	
- Document IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 50 Type Of IV Solution #1 (free text): NS Site Changed #1: 11/04/16 IV Tubing Changed #1:									
Activity Date: 11/05/16 Time: 1100 (continued)									
200008	IV Site #1 Check/Care	11/05/16 1100	BG	11/05/16 1100	BG	A	Q2H	0.0	
- Document PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: 11/04/16 IV Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time IV (#1) started: 800515 Physician Rounds - Document 11/05/16 1100 BG 11/05/16 1100 BG Physician Visit to Patient By: CRAIG, Anna M M.D. 200021 Safety Checks - Document 11/05/16 1100 BG 11/05/16 1119 BG Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y									
Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CPX in use: N Pt. Off Unit: N									
200023	High Fall Risk Intervention					A	Q2H	5.3	
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DYSORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.									
- Document 11/05/16 1100 BG 11/05/16 1119 BG									

HENDERSON
Willis-Knighton South Nursing **LIVE**
HMS PRINT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F Attending: Craig, Anna X.M.D.
Unit #: K000629604 Account #: K32957086
Admitted: 11/04/16 at 2019 Location: 5ES
Status: DLS IN Room/Bed: K.F5516-1

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Date	Time	By	Recorded	Time	Comment	Units	Documented	Charge
Activity Date: 11/05/16 Time: 1300 (continued)									
200021				Safety Checks (continued)					
				Pt. Of Unit: N					
200023				High Fall Risk Intervention					
				Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:					
				1. MEDICATION REVIEW (vasoactive drugs, antiemetics, anticholinergics, antidiarrheals, etc).					
				2. USE CORRECTIVE LENSES, if applicable.					
				3. ASSIST WITH ANGUATION.					
				4. OFFER BATHROOM ASSISTANCE.					
				5. USE NON-SKID FOOTWEAR.					
				6. CLOSELY OBSERVE DISORIENTED PATIENTS					
				7. ENSURE ADEQUATE LIGHTING AT NIGHT					
				8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).					
				9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.					
				10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.					
				11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.					
				12. KEEP ROOM FREE OF CLUTTER.					
- Document	11/05/16	1300	BG	11/05/16 1525	BG				
Activity Date: 11/05/16 Time: 1400									
401050				Telmetry Monitoring					
- Document	11/05/16	1400	ERS	11/05/16 1540	ERS				
				Rate From Telmetry Monitor:					
				Tel. Mon (Rhythm):					
				Adm'l. Doc: 02 97%					
				Alarm High: 100					
				Alarm Low: 88					
				Telmetry Electrodes Last Charged:					
				Telmetry Discontinued:					
Activity Date: 11/05/16 Time: 1500									
200038				IV Site #1 Check/Care					
- Document	11/05/16	1500	BG	11/05/16 1526	BG				
				IV Site #1: Left Hand					
				Peripherally Inserted Central Catheter (Y/N): N					
				Site Description: #1: Normal					
				Rate (cc/hr) #1: 50					
				Type Of IV Solution #1 (free text): NS					
				Site Charged #1: 11/04/16					
				IV Tubing Changed #1:					
				IV Tubing Changed #1: 11/04/16					
				PSE Limit Settings #1:					
				PSE Actual Reading #1:					
				IV Dressing Changed Site #1: 11/04/16					
				IV Dressing Changed Time #1:					
				Date IV #1 started: 11/04/16					
				Time IV #1 started:					
200021				Safety Checks					
- Document	11/05/16	1300	BG	11/05/16 1525	BG				
				Family Member At Bedside: Y					
				Respiration Observed: Y					
				Call Light/Telephone In Reach: Y					
				Crib Rails (Up / Down): Not Applicable					
				Number Of Bed Rails Up: 3					
				Are bedrails up because of meds given: N					
				Bed Brakes Locked: Y					
				Bed High OR Low Position: LOW					
				All Alarms On And Audible: N					
				CPR in Use: N					

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HENDERSON, [REDACTED]
Willis-Knighton South Nursing **LIVE**
HIMS PRENT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F
Unit #: K000629604
Admitted: 11/04/16 at 20:9
Status: CMS EN
Attending: Craig, Anna M.D.
Account #: K02957086
Location: SES
Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Date	Time	By	Recorded	Time	By	Documented	Units	Comment
Activity Date: 11/05/16 Time: 1500 (continued)									
200008	IV Site #2: Check/Care (continued)								
	IV Tubing Changed #1: 11/04/16								
	IVPS Tubing Changed #1: 11/04/16								
	PS Limit Settings #1:								
	PS Actual Reading #1:								
	IV Dressing Changed Site #1: 11/04/16								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 11/04/16 Time IV (#1) started:								
200021	Safety Checks								
	11/05/16 1500 BG 11/05/16 1526 BG								
	Family Member At Bedside: Y								
	Family Member At Bedside: Y								
	Call Light/Telephone In Reach: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 3								
	Are bedrails up because of meds given: N								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: N								
	CPM in use: N								
	Pt. Off Unit: N								
200023	High Fall Risk Intervention								
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antiplatelet agents, diuretics, etc).								
	2. USE CORRECTIVE DEVICES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
	12. KEEP ROOM FREE OF CLUTTER.								
	11/05/16 1500 BG 11/05/16 1526 BG								
- Document									
Activity Date: 11/05/16 Time: 1657									
450100	Output								
- Document	11/05/16 1657 BG 11/05/16 1657 BG								
	Urine voided (ml):								
	Urine cath. (ml):								
	Color Of Urine: NOT OBSERVED								
	Character Of Urine: Not Observed								
	Urine Inct Est (ml):								
	Void X NW: 3 Last Void Date: 11/05/16 Last Void Time:								
	11 No Output, 19 P. On Dialysis:								
	Stool X: 0 Stool Weight cc's								
	Stool Consistency:								
	Color Of Stool:								
	Amount Of Stool:								
	Ileostomy (ml):								
	New Colostomy Output:								
	Old Colostomy Output (Num. of stools):								
	NG (ml):								
	Enesis (ml):								
	Rectal Tube (ml):								
	Est. Bid Loss (ml):								
	Meas Bid Loss (ml):								
Activity Date: 11/05/16 Time: 1657									
450100	Output								
- Document	11/05/16 1657 BG 11/05/16 1657 BG								
	Urine voided (ml):								
	Urine cath. (ml):								
	Color Of Urine: NOT OBSERVED								
	Character Of Urine: Not Observed								
	Urine Inct Est (ml):								
	Void X NW: 3 Last Void Date: 11/05/16 Last Void Time:								
	11 No Output, 19 P. On Dialysis:								
	Stool X: 0 Stool Weight cc's								
	Stool Consistency:								
	Color Of Stool:								
	Amount Of Stool:								
	Ileostomy (ml):								
	New Colostomy Output:								
	Old Colostomy Output (Num. of stools):								
	NG (ml):								
	Enesis (ml):								
	Rectal Tube (ml):								
	Est. Bid Loss (ml):								
	Meas Bid Loss (ml):								

I verify that I have performed a complete skin assessment and documented all findings below.

	Skin Color: Normal	Skin Temp/Character: Warm & Dry
	Skin Hydration: Normal	
	Pressure Ulcer/Skin Impairment Since Previous Assessment: N	
	If YES, list all location(s) and use the Skin Description Lookup and/or Free Text for EACH.	

Problem/Goal/Intervention Description					Sts Directions			From
Activity Type	Occurred Date	Recorded Time	By Date	Comment	Units	Documented	Charge	
<p>Activity Date: 11/05/16 Time: 1930 (continued)</p> <p>200008 Patient Education (continued) *Nutrition (Y/N): Y TODDLER DIET Other Teaching: PLAN OF CARE, PEDIATRIC SECURITY POLICY</p> <p>If applicable, pt has demonstrated competence to self administer medications: N Med1: NA Med2: NA Med3: NA</p> <p>Method Of Instruction: Explain Evidence Of Learning Demonstrated By: Expresses Understanding</p> <p>Activity Date: 11/05/16 Time: 2100</p>								
<p>200008 IV Site #1 Check/Care (continued) Type Of IV Solution #1: (free text): NS Site Changed #1: 11/04/16 IV Tubing Changed #1: IVPS Tubing Changed #1: 11/04/16 PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: 11/04/16 IV Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time IV (#1) started: 200021 Safety Checks - Document 11/05/16 2100 JG* 11/06/16 0154 JG* 5.3 Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y</p> <p>Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CPM in use: N Pt. Off Unit: N</p>								
<p>Activity Date: 11/06/16 Time: 0000</p> <p>400020 Vital Signs Vital Signs taken by a NAI are reviewed by an RN. - Document 11/06/16 0000 JG* 11/06/16 0111 JG* 21.4 Blood Pressure: BP Type: Temp: 98 Type Of Temperature: Temporal Heart Rate: 115 Heart Rate Source: Machine Resp. Rate: 22 SNO2: 99 O2 Delivery: ROOM AIR</p>								
<p>Activity Date: 11/06/16 Time: 0100</p> <p>200008 IV Site #1 Check/Care - Document 11/06/16 0100 JG* 11/06/16 0154 JG* 8.0 IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 50</p> <p>Type Of IV Solution #1: (free text): Site Changed #1: 11/04/16 IV Tubing Changed #1: 11/05/16 IVPS Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1:</p>								
<p>Activity Date: 11/05/16 Time: 2300</p> <p>200008 IV Site #1 Check/Care - Document 11/05/16 2300 JG* 11/06/16 0154 JG* 8.0 IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 50</p>								

HENDERSON, [REDACTED]
Willis-Knighton South Nursing **LIVE**
HIMS PRINT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F Attending: Craig, Anna X.M.D.
Unit #: K000629604 Account #: K32957086
Admitted: 11/04/16 at 20:9 Location: SES
Status: DLS IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Sis Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Documented Units	Change
Activity Date: 11/06/16 Time: 0300 (continued)									
200008	IV Site #1: Check/Care	(continued)							
- Document	IV Dressing Changed Site #1: 11/04/16								
	Date IV (#1) started: 11/04/16 Time IV (#1) started:								
200021	Safety Checks								
- Document	11/06/16 0300 JG* 11/06/16 0345 JG*								
	Family Member At Bedside: Y Respiration Observed: Y								
	Call Light/Telephone In Reach: Y Fall Precautions: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 3								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: N								
	CPW in use: N								
	Pt. Off Unit: N								
Activity Date: 11/06/16 Time: 0300									
200008	IV Site #1: Check/Care								
- Document	11/06/16 0300 JG* 11/06/16 0345 JG*								
	IV Site #1: Left Hand								
	Peripherally Inserted Central Catheter (Y/N): N								
	Site Description #1: Normal								
	Rate (cc/hr) #1: 50								
	Type Of IV Solution #1 (free text): NS								
	Site Changed #1: 11/04/16								
	IV Tubing Changed #1: 11/05/16								
	VPB Tubing Changed #1: 11/04/16								
	PSI Limit Settings #1:								
	PSI Actual Reading #1:								
	IV Dressing Changed Site #1: 11/04/16								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 11/04/16 Time IV (#1) started:								
200021	Safety Checks								
- Document	11/06/16 0300 JG* 11/06/16 0345 JG*								
	Family Member At Bedside: Y Respiration Observed: Y								
	Call Light/Telephone In Reach: Y Fall Precautions: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 3								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: N								
	CPW in use: N								
	Pt. Off Unit: N								
Activity Date: 11/06/16 Time: 0500									
200008	IV Site #1: Check/Care								
- Document	11/06/16 0500 JG* 11/06/16 0530 JG*								
	IV Site #1: Left Hand								
	Peripherally Inserted Central Catheter (Y/N): N								
	Site Description #1: Normal								
	Rate (cc/hr) #1: 50								
	Type Of IV Solution #1 (free text): NS								
	Site Changed #1: 11/04/16								
	IV Tubing Changed #1: 11/05/16								
	VPB Tubing Changed #1: 11/04/16								
	PSI Limit Settings #1:								
	PSI Actual Reading #1:								
	IV Dressing Changed Site #1: 11/04/16								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 11/04/16 Time IV (#1) started:								
200021	Safety Checks								
- Document	11/06/16 0500 JG* 11/06/16 0530 JG*								
	Family Member At Bedside: Y Respiration Observed: Y								
	Call Light/Telephone In Reach: Y Fall Precautions: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 3								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: N								
	CPW in use: N								
	Pt. Off Unit: N								
Activity Date: 11/06/16 Time: 0524									
450010	Intake								
- Document	11/06/16 0524 JG* 11/06/16 0525 JG*								
	ORAL - just H2O (mL):								
	ORAL (not water) mL: 120								
	Tube Feed (mL):								
	NGT Tube Flushes (mL):								

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 Attending: Craig, Anna M.D.
 Account #: K32957086
 Location: SES
 Room/Bed: K.E5516-1
 Status: DIS IN
 Unit #: X000629604
 Admitted: 11/04/16 at 20:19
 Willis-Knighton South Nursing **LIVE**
 HEMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions		From
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Documented Units	Change
Activity Date: 11/06/16 Time: 0700 (continued)						
200008	IV Site #1 Check/Care (continued): IV Tubing Changed #1: 11/05/16 IVPB Tubing Changed #1: 11/04/16 PS- Limit Settings #1: PS- Actual Reading #1: IV Dressing Changed Site #1: 11/04/16 IV Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time IV (#1) started: 200021 Safety Checks Document 11/06/16 0700 KXB 11/06/16 0813 KXB Family Member At Bedside: Y Call Night/Telephone In Reach: Y				5.3	CP
Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of restraints given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CPX in use: N Pt. Off Unit: N High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 11/06/16 0700 KXB 11/06/16 0813 KXB - Document						
200023						CP
Activity Date: 11/06/16 Time: 0524 (continued)						
450010	Intake (continued): PEG Tube Flushes (ml): IV (ml): 600 IVPB (ml): 50 CPN (ml): Lipid (ml): Blood (ml): Output 11/06/16 0524 JG- 11/06/16 0525 JG- Urine voided (ml): Urine cath. (ml): Color Of Urine: Character Of Urine: Urine Test Est (ml): If No Output, Is Pt. On Dialysis: Void X NX: 2 Last Void Date: Last Void Time: Stool X: Stool Weight cc's Date Of Last BV: Stool Consistency: Color Of Stool: Amount Of Stool: Neostomy (ml): New Colostomy Output: Old Colostomy Output (Num. of stools): NG (ml): Eresis (ml): Rectal Tube (ml): Est. Bld Loss (ml): Meas Bld Loss (ml): Chest Tube #1 (ml): Chest Tube #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Urostomy (ml): Nephrostomy (ml): WOUND EVAC. #1 (ml): Att. Of Or Asp. Of Misc. Body Fluid (ml): Source Of Output Or Asp. Of - Misc. Body Fluid:				10.7	CP
450000						CP
Activity Date: 11/06/16 Time: 0700						
200008	IV Site #1 Check/Care 11/06/16 0700 KXB 11/06/16 0813 KXB IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 50 Type Of IV Solution #1 (free text): NS Site Change #1: 11/04/16				8.0	CP

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HENDERSON, [REDACTED]
Willis-Knighton South Nursing *LIVE**
HHS PRIN: ALL NURSING INFORMATION

Age/Sex: 4Y 04X F
Unit #: K00629604
Admitted: 11/04/16 at 20:19
Status: S/S IN
Attending: Craig, Anna M.D.
Account #: K32957086
Location: 5PS
Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity	Date	Time	By	Recorded	Time	By	Recorded
Type	Date	Time	By	Type	Date	Time	By
From	Charge	Units	Documented	From	Charge	Units	Documented
Activity Date: 11/06/16 Time: 0735				Activity Date: 11/06/16 Time: 0754 (continued)			
40000	Vital Signs	A	Q4H	100507	Reassessment/Evaluation - Pediatrics (continued)		
	Vital Signs taken by a NAI are reviewed by an RN.				Cognitive techniques:		
- Document	11/06/16 0735	VA	11/06/16 0736	VA	Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N		
Blood Pressure:					Color Of Urine: NOT OBSERVED		
BP Type:					Character Of Urine: NOT OBSERVED		
Temp: 99.0	Type Of Temperature: Axillary				IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N		
Heart Rate: 138	Heart Rate Source: Machine				SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N		
Resp. Rate: 25					Maintain Central Line: T/C/PICC/SWAN/PORT/ED CATHETER/JAC/JVC/BROVIAC? (Y/N): N		
SAO2: 100	O2 Delivery: ROOM AIR				Can this line be removed? (Y/N): N		
Activity Date: 11/06/16 Time: 0754				Activity Date: 11/06/16 Time: 0754			
100507	Reassessment/Evaluation - Pediatrics	A			Maintain Peripheral IV or PRN Adapter Y/N: Y		
- Document	Direction -> 07:19 Document when done				*Restraints: N *Restraint Type:		
Date: 11/06/16	11/06/16 0754 KNB 11/06/16 0803 KNB				Has patient had an adverse drug reaction this shift:		
Shift: VA - 7P					If yes, name of Med:		
Focus / Plan For The Day: RESP TX, MEDICATIONS, O2 THERAPY					Type of Reaction:		
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/06/16					Does the Patient Have any Complaints Or Specific Needs: Y		
Wound: N Dressing: N Drain: N Pain At Present: Time: N Swallowing Difficulty: N					Specific Needs: RESPIRATORY TREATMENTS		
Level Of Alertness: Alert And Disoriented Pupillary Reaction: Equal/Reactive					Specific Needs: SAFETY AND COMFORT		
*Emotion/Psych Asmt: Pediatric/quiets easily					Precautions: N Type of Precautions: None		
Ventilator N					Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N		
Respirations: Normal					*Is patient DO NOT RESUSCITATE: N		
Cough: None					Pediatric Fall Risk Assessment		
Expectorant Color: Not Applicable					Age: 3		
O2: N O2 Delivery: ROOM AIR					(4) Less than 3 years old		
Pulse Quality: Normal Pulsation					(3) 3 to less than 7 years old		
Edema Of Extremity: None					(2) 7 to less than 13 year old		
Abdomen: Soft					(1) 13 years and above		
Bowel Movement This Shift: N Date Of Last Bowel Movement:					Gender: 1		
Are You Having PAIN / DISCOMFORT Now: N					(2) Male (1) Female		
Is this a new episode of pain: N					Diagnosis: 3		
Location Of Pain:					(4) Neurological Diagnosis		
Duration Of Pain:					(3) Alteration In Oxygenation		
Character Of Pain:					Respiratory Diagnosis, Dehydration,		
Onset Of Pain:					Anemia, Anorexia, Sycoscope,		
Pain Relieved By:					Dizziness, etc.		
Pain Yade worse BY:					(2) Psych/Behavioral Disorders		
Pain scale used to assess pain: FLACC					(1) Other Diagnosis		
Pain score: 0					Cognitive Impairment: 1		
-----Pain Interventions-----					(3) Not Aware of Limitations		
					(2) Forgetful Limitations		
					(1) Oriented to Own Ability		
Pharmacologic (see MAR):							
Non Pharmacologic:							
Emotional support:							
Comfort measures:							

---- BRAYEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) ----

Age/Sex: 4Y 6M F Attending: Craig, Anna M. M.D.
Unit #: K00629604 Account #: K32957086
Admitted: 11/04/16 at 20:19 Location: 5E5
Status: DIS IN Room/Bed: K.E5516-1

Problem/Goal/Intervention Description				Sts Directions				From
Activity	Occurred	Recorded	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Change
Type	Date	Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Change
Activity Date: 11/06/16 Time: 0754 (continued)								
100507	Reassessment/Evaluation - Pediatrics (continued)	2	3	4				
SENS PERCEP	Completely Limited	Very Limited	Slightly Limited	No Impairment				
MOISTURE	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist				
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Age Appropriate				
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation				
NUTRITION	Very Poor	Inadequate	Adequate	Excellent				
FRIC/SHEAR	Significant Problem	Problem	Potential Problem	No Apparent Problem				
PERF/OXYGEN	Extremely Compromised	Compromised	Adequate	Excellent				
<p>Sensory Perception: 3</p> <p>Moisture: 3</p> <p>Activity: 4</p> <p>Mobility: 3</p> <p>Nutrition: 3</p> <p>Friction/Shear: 3</p> <p>Tissue Perfusion/Oxygenation: 3</p> <p>Total Braden Scale Score: 22</p> <p>I verify that I have performed a complete skin assessment and documented all findings below:</p> <p>Skin Color: Normal</p> <p>Skin Hydration: Normal</p> <p>Skin Temp/Character: Warm & Dry</p> <p>Pressure Ulcer/Skin Impairment Since Previous Assessment: N</p> <p>If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.</p> <p>SKIN DESCRIPTION</p> <p>LOCATION : Rash</p> <p>APT :</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed drainage, odor, etc) :</p> <p>: HEALING RINGWORM LIKE RASH TO BACK OF RIGHT UPPER ARM</p> <p>: OTHERWISE SKIN INTACT</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p> <p>:</p>								
Activity Date: 11/06/16 Time: 0809								
100006	Discharge Assessment/Planning	11/06/16 0809 KNE	11/06/16 0812 KNE					
- Document								
<p>Discharge Problems/Needs Identified: Y</p> <p>: S/S OF RESPIRATORY DISTRESS</p> <p>: WHEN TO SEEK MEDICAL ATTENTION</p> <p>: FOLLOW UP CARE</p> <p>: MEDS/DIET/ACTIVITY</p> <p>: ONGOING</p> <p>Arrangements Made to Meet Need(s): Y</p> <p>: ONGOING TEACHING</p> <p>: PER MD</p> <p>:</p> <p>:</p> <p>102000 Emotional Support/Teaching</p> <p>- Document 11/06/16 0809 KNE 11/06/16 0812 KNE 80.2</p> <p>- J Patient Education</p> <p>- Document 11/06/16 0809 KNE 11/06/16 0812 KNE 0.0</p> <p>Learner: Mother</p> <p>Learner's Preferred Method: One-on-One Teaching</p> <p>Language Spoken (002): English</p> <p>If Other, Describe:</p> <p>: Religious or Cultural practices that may affect learning: N</p> <p>If YES, describe:</p> <p>: Physical limitations that may affect learning (Y/N): N</p> <p>If YES, describe:</p> <p>: Cognitive limitations that may affect learning (Y/N): N</p> <p>If YES, describe:</p> <p>: Emotional limitations that may affect learning (Y/N): N</p> <p>If YES, describe:</p> <p>: If patient has pain, what issues have been discussed with patient regarding this:</p> <p>: CALL NURSE AT ONSET OF ANY SIGNS OF PAIN</p> <p>:</p> <p>PC/Family encouraged to report concerns about Pt. safety issues: N</p> <p>What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH</p> <p>: BED IN LOW POSITION, SIDE RAILS UP, MOM AT BEDSIDE</p> <p>: Is patient/family motivated to learn (Y/N): Y</p> <p>: If NO, explain:</p>								
<p>LEARNING NEEDS</p> <p>TEACHING SUMMARY</p> <p>*Disease (Y/N): Y BRONCHIOLITIS WITH HYPOXIA</p> <p>*Isolation (Y/N): N UNIVERSAL</p> <p>*Equipment (Y/N): Y IV PUMP, CALL LIGHT, BED CONTROLS, O2 SETUP, HEN</p> <p>*Procedure (Y/N): Y NURSING ROUNDS, REASSESSMENTS</p>								

Age/Sex: 4Y 04M F Attending: Craig, Anna M M.D.
Unit #: K008629604 Account #: K32957086
Admitted: 11/04/16 at 20:9 Location: 5E5
Status: DIS IN Room/Bed: K.555-6-1

Problem/Goal/Intervention Description										S/s Directions				From			
Activity Type	Date	Time by Date	Recorded	Occured	Time by Date	Documented	Units	Change	Activity Type	Date	Time by Date	Recorded	Occured	Time by Date	Documented	Units	Change
Activity Date: 11/06/16 Time: 0809 (continued)																	
1-2-3 Patient Education (continued)																	
*Medication (Y/N): Y: PREN-LOLONE, ROCEPHIN, PRN-ALBUTEROL, ROBITUSSIN, IBUPROFEN																	
*New Medication (Y/N): N: NO NEW MEDS																	
Education																	
: MEDICATION INDICATION AND DOSAGE																	
*Follow-up care (Y/N): Y: PER MD AT DC																	
Refab/Resources (Y/N): N:																	
*Nutrition (Y/N): Y: TODDLER DIET																	
Other Teaching: PLAN OF CARE, PEDIATRIC SECURITY POLICY																	
if applicable, pt has demonstrated competence to self administer medications: N																	
Med1: NA Med2: NA Med3: NA																	
Evidence Of Learning Demonstrated By: Expresses Understanding																	
Breathing Pattern, Ineffective																	
3000001																	
11/06/16 0809 KNS 11/06/16 0812 KNS																	
SAO2: 100																	
Is patient on oxygen? N																	
Activity Date: 11/06/16 Time: 0854																	
200008 IV Site #1: Check/Care A Q2H 8.0 CP																	
11/06/16 0854 VW 11/06/16 0854 VW																	
IV Site #1: Left Hand																	
Peripherally Inserted Central Catheter (Y/N): N																	
Site Description #1: Normal																	
Rate (cc/hr) #1: 50																	
Type Of IV Solution #1 (free text): NS																	
Site Charged #1: 11/04/16																	
IV Tubing Charged #1: 11/05/16																	
IVPB Tubing Charged #1: 11/04/16																	
PSI Limit Settings #1:																	
PSI Actual Reading #1:																	
IV Dressing Changed Site #1: 11/04/16																	
IV Dressing Changed Time #1:																	
Date IV (#1) started: 11/04/16 Time IV (#1) started:																	
550030-B Feed With Assistance A MEALTIMES 74.5 CP																	
11/06/16 0854 VW 11/06/16 0855 VW																	
Current Diet: TODDLER																	
Add'l Diet Restrict:																	
Yeast: Breakfast																	
Percentage of Meal Eaten: All eaten																	
Supplement:																	
Percentage of Supplement Consumed:																	
20002: Safety Checks A Q2H CP																	
11/06/16 0854 VW 11/06/16 0854 VW																	
Family Member At Bedside: Y																	
Respiration Observed: Y																	
Call Light/Telephone In Reach: Y																	
Fall Precautions: Y																	
Activity Date: 11/06/16 Time: 0854 (continued)																	
200021 Safety Checks (continued)																	
Crib Rails (Up / Down): Not Applicable																	
Number Of Bed Rails Up: 3																	
Are bedrails up because of meds given: Y																	
Bed Brakes Locked: Y																	
Bed High OR Low Position: LOW																	
All Alarms On and Audible: N																	
CPX In Use: N																	
Pt. Off Unit: N																	
200023 High Fall Risk Intervention A Q2H CP																	
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:																	
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, amphetamines, diuretics, etc).																	
2. USE CORRECTIVE LENSES, if applicable.																	
3. ASSIST WITH AMBULATION.																	
4. OFFER BATHROOM ASSISTANCE.																	
5. USE NON-SKID FOOTWEAR.																	
6. CLOSELY OBSERVE DISORIENTED PATIENTS																	
7. ENSURE ADEQUATE LIGHTING AT NIGHT																	
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c Geri-chairs, etc).																	
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.																	
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.																	
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.																	
12. KEEP ROOM FREE OF CLUTTER.																	
11/06/16 0854 VW 11/06/16 0854 VW																	
- Document																	
Activity Date: 11/06/16 Time: 0900																	
200008 IV Site #1 Check/Care A Q2H 8.0 CP																	
11/06/16 0900 KNS 11/06/16 0903 KNS																	
IV Site #1: Left Hand																	
Peripherally Inserted Central Catheter (Y/N): N																	
Site Description #1: Normal																	
Rate (cc/hr) #1: 50																	
Type Of IV Solution #1 (free text): NS																	
Site Charged #1: 11/04/16																	
IV Tubing Charged #1: 11/05/16																	
IVPB Tubing Charged #1: 11/04/16																	
PSI Limit Settings #1:																	
PSI Actual Reading #1:																	

Age/Sex: 4Y 04W F
Unit #: KC00629504
Admitted: 11/04/16 at 2019
Status: DIS IN
Attending: Craig, Arna X M.D.
Account #: K32957086
Location: 5ES
Room/Bed: K.E5516-1

Problem/Goal/Intervention Description										Sts Directions			From	
Activity	Occurred	Recorded	Time by	Comment	Units	Change								
Type	Date	Time	by	Date	Time	by	Comment	Units	Change					
Activity Date: 11/06/16 Time: 0900 (continued)														
200008	IV Site #1 Check/Care (continued)													
IV Dressing Changed Site #1: 11/04/16														
IV Dressing Changed Time #1:														
Date IV (#1) started: 11/04/16 Time IV (#1) started: A Q2H														
200021	Safety Checks													
- Document	11/06/16 0900 KMB	11/06/16 0903 KMB			5.3									
- Document	Family Member At Bedside: Y	Respiration Observed: Y												
- Document	Call Light/Telephone in Reach: Y	Fall Precautions: Y												
Crib Rails (Up / Down): Not Applicable														
Number of Bed Rails Up: 3														
Are bedrails up because of meds given: Y														
Bed Brakes Locked: Y														
Bed High OR Low Position: LOW														
All Alarms On and Audible: N														
CPM in use: N														
Pt. Off Unit: N														
200023	High Fall Risk Intervention													
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:														
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antidiarrheals, diuretics, etc).														
2. USE CORRECTIVE LENSES, if applicable.														
3. ASSIST WITH AMBULATION.														
4. OFFER BATHROOM ASSISTANCE.														
5. USE NON-SKID FOOTWEAR.														
6. CLOSELY OBSERVE DISORIENTED PATIENTS														
7. ENSURE ADEQUATE LIGHTING AT NIGHT														
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).														
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.														
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.														
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.														
12. KEEP ROOM FREE OF CLUTTER.														
- Document	11/06/16 0900 KMB	11/06/16 0903 KMB												
Activity Date: 11/06/16 Time: 1100														
100551	Discharge Summary													
- Create	11/06/16 1100 KMB	11/06/16 1110 KMB												
- Document	11/06/16 1100 KMB	11/06/16 1110 KMB												
----- DISCHARGE INSTRUCTIONS -----														
Brief Summary of Hospital Stay: MEDICATIONS, IV FLUIDS, RESPIRATORY TREATMENT EDUCATION														

Problem/Goal/Intervention Description										Sts Directions			From	
Activity	Occurred	Recorded	Time by	Comment	Units	Change								
Type	Date	Time	by	Date	Time	by	Comment	Units	Change					
Activity Date: 11/06/16 Time: 1100 (continued)														
100551	Discharge Summary (continued)													
: LABS, CHEST XRAY														
---DISCHARGE VITAL SIGNS---														
Blood Pressure:	121/74	Heart Rate:	138	Resp. Rate:	25	Temp:	99.0							
---Flu and Pneumonia Vaccines---														
Flu Vaccine this flu season (Sep 1 - Mar 31): No														
Pneumonia Vaccine within the past 5 years:														
*Nurse - if no to flu or pneumonia vaccine, refer to Adult/Infant/Infant vaccine protocol.														
---DISCHARGE FOLLOW UP---														
1: Appointment with:														
Patient/Family to make appointment in:														
2: Appointment with:														
Patient/Family to make appointment in:														
3: Appointment with:														
Patient/Family to make appointment in:														
4: Appointment with:														
Patient/Family to make appointment in:														
5: Appointment with:	PRIMARY CARE PROVIDER													
Patient/Family to make appointment in:	3-4 DAYS													
6: Appointment with:														
Patient/Family to make appointment in:														
7: Appointment with:														
Patient/Family to make appointment in:														
Other department referrals such as home health, physical therapy, hospice, cardiac rehab, etc:														
Resume Normal Activity: Y														
Resume Normal Diet: Yes														
Diet Information: REGULAR														
Any restrictions: NO														
---DISCHARGE ACTIVITY---														
---TAKE HOME MEDICATIONS ---														
1: ORAPRED UNIT DOSE		MEDICATION		DOSE		ROUTE								
FREQUENCY: ONCE DAILY (REFRIGERATE)				:14 MG		: BY MOUTH								
2: PULMICORT RESPULOR (BUDENOSIDE)														
FREQUENCY: TWICE DAILY ***RX***				: 0.25 MG		: 1 INHALE								
3: PEDIA PROFEN (PEDIATRIC IBSUPROFEN)				: 50 MG		: BY MOUTH								
FREQUENCY: EVERY 6 HOURS AS NEEDED FOR TEMP > 102.5 F (IF NOT RELIEVED BY TYLENOL)														
4: PREVENTIL UNIT DOSE (AL-BUTEROL SOLUTION)				: INHALE		: 1 INHALE								
FREQUENCY: EVERY 2 HOURS AS NEEDED FOR WHEEZING ***RX***														
5: TYLENOL (ACETAMINOPHEN)				: 80 MG		: BY MOUTH								
FREQUENCY: EVERY 4 HOURS AS NEEDED FOR TEMP > 101 F														
Next Dose Due Date : 11/06/16:400 PM														
11/06/16:500 PM														

Age/Sex: 4Y 04X F Attending: Craig, Anna M. M.D. Henderson, A. L. Page: 28 of 31
 Unit #: K32957086 Account #: K32957086 Printed 10/01/19 at 1352
 Admitted: 11/04/16 at 2019 Location: SES
 Status: DIS IN Room/Bed: K.E5516-1 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sis Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Units	Charge
Activity Date: 11/06/16 Time: 1100 (continued)				Time: 1100 (continued)					
100551 Discharge Summary (continued)				Discharge Summary (continued)					
7: FREQUENCY:	:	:	:	:	:	:	:	:	:
8: FREQUENCY:	:	:	:	:	:	:	:	:	:
9: FREQUENCY:	:	:	:	:	:	:	:	:	:
10: FREQUENCY:	:	:	:	:	:	:	:	:	:
11: FREQUENCY:	:	:	:	:	:	:	:	:	:
12: FREQUENCY:	:	:	:	:	:	:	:	:	:
13: FREQUENCY:	:	:	:	:	:	:	:	:	:
14: FREQUENCY:	:	:	:	:	:	:	:	:	:
15: FREQUENCY:	:	:	:	:	:	:	:	:	:
16: FREQUENCY:	:	:	:	:	:	:	:	:	:
MEDICATION				MEDICATION					
17: FREQUENCY:	:	:	:	:	:	:	:	:	:
18: FREQUENCY:	:	:	:	:	:	:	:	:	:
19: FREQUENCY:	:	:	:	:	:	:	:	:	:
20: FREQUENCY:	:	:	:	:	:	:	:	:	:
21: FREQUENCY:	:	:	:	:	:	:	:	:	:
22: FREQUENCY:	:	:	:	:	:	:	:	:	:
23: FREQUENCY:	:	:	:	:	:	:	:	:	:
24: FREQUENCY:	:	:	:	:	:	:	:	:	:
25: FREQUENCY:	:	:	:	:	:	:	:	:	:
26: FREQUENCY:	:	:	:	:	:	:	:	:	:
Additional Instructions:				Additional Instructions:					
---Skin and Wound Care---				---Skin and Wound Care---					
Description of any skin assessment findings and skin care or wound care instructions and/or medications: NO SKIN IMPAIRMENT				Description of any skin assessment findings and skin care or wound care instructions and/or medications: NO SKIN IMPAIRMENT					
---Discharge Materials and Information Given to Patient and Family---				---Discharge Materials and Information Given to Patient and Family---					
List of discharge materials/printed instructions given:				List of discharge materials/printed instructions given:					
: DISCHARGE PAPERWORK, PRESCRIPTIONS X2				: DISCHARGE PAPERWORK, PRESCRIPTIONS X2					
Cardiopulmonary Home Care Instructions Provided: No				Cardiopulmonary Home Care Instructions Provided: No					
Is the patient at risk for falling at home: No				Is the patient at risk for falling at home: No					
Smoking can be hazardous to your health and those around you. Assistance to stop smoking is available by calling WK QUIT (212-6450), the American Lung Association (800-LUNG-USA), or the American Cancer Society (866-QUIT-NOW).				Smoking can be hazardous to your health and those around you. Assistance to stop smoking is available by calling WK QUIT (212-6450), the American Lung Association (800-LUNG-USA), or the American Cancer Society (866-QUIT-NOW).					
---Equipment and Lines---				---Equipment and Lines---					

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printed 10/01/19 at 13:52

ANDERSON, [REDACTED] L

Willis-Knighton South Nursing *LIVE**
FIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				From
Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units	Charge
<p>Activity Date: 11/06/16 Time: 11:00 (continued)</p> <p>10055: Discharge Summary (continued) *Nurse - If any lines or equipment left in place at discharge, verify NO order to leave in place.</p> <p>Heparin lock removed: Yes</p> <p>Urinary Catheter Removed: Not applicable *Nurse - If yes, verify patient has voided prior to discharge and/or document findings.</p> <p>Port Access Needle in Place: Not applicable</p> <p>PICC Line Removed: Not applicable Date and Time of last PICC flushing: Date and Time of last PICC Dressing Change: PICC Line Mark At: Home Health Arrange To Care For PICC At Home: PICC line Home Care Instructions Provided To Patient Or Family:</p> <p>Telemetry Removed: Yes</p> <p>Other Discipline Discharge Instructions: NA</p> <p>Patient verbalizes understanding and/or demonstrates understanding of discharge instructions: No If no: FAMILY UNDERSTANDS</p> <p>Any retained medications returned to patient: Not applicable If no:</p> <p>Any valuables returned to patient: Not applicable If no:</p> <p>Any records sent with patient: Not applicable</p> <p>Patient Or Family Signature: _____ Date of Birth: 10/01/13</p> <p>Nurse Printed Name: _____</p> <p>Date and Time of Signatures: _____</p>				
<p>Activity Date: 11/06/16 Time: 11:12</p> <p>400010 Vital Signs Vital Signs taken by a NAI are reviewed by an RN. 11/06/16 11:12 VA 11/06/16 11:12 VA 21.4 Blood Pressure: BP Position: BP Type: Type Of Temperature: Temp: Heart Rate: 160 Heart Rate Source: Machine</p>				
<p>Activity Date: 11/06/16 Time: 11:12 (continued)</p> <p>400010 Vital Signs (continued) Resp. Rate: SAO2: 100 O2 Delivery: ROOM AIR</p>				
<p>Activity Date: 11/06/16 Time: 11:21</p> <p>450010 Intake - Document 11/06/16 11:21 KXB 11/06/16 11:21 KXB A 06.18 10.7 CP</p> <p>ORAL - Just H2O (ml): ORAL (not water) ml: Tube Feed (ml): NGT Tube Flushes (ml): PEG Tube Flushes (ml): IV (ml): 200 TPN (ml): Lipid (ml): Blood (ml):</p> <p>450100 Output - Document 11/06/16 11:21 KXB 11/06/16 11:21 KXB A 06.18 10.7 CP</p> <p>Urine voided (ml): Urine cath. (ml): Date Cath Inserted: Color Of Urine: Character Of Urine: Urine Incr Est (ml): If No Output, Is Pt. On Dialysis: Void X NM: 1 Last Void Date: Last Void Time: Stool X: Stool Weight cc's Date of Last EV: Stool Consistency: Color Of Stool: Amount Of Stool: Ileostomy (ml): New Colostomy Output: Old Colostomy Output (Num. of stools): NG (ml): Emesis (ml): Rectal Tube (ml): Est. Bld Loss (ml): Nasal Bld Loss (ml): Chest Tube #1 (ml): Chest Tube #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Urostomy (ml): Neptrostomy (ml): WOUND EVAC. #1 (ml): Att. Of Or Asp. Of Misc. Body Fluid (ml):</p>				

Age/Sex: 4Y 04X F
Unit #: K000629604
Admitted: 11/04/16 at 20:9
Status: DIS IN
Attending: Craig, Anna M M.D.
Account #: K32957086
Location: 5E5
Room/Bed: K.E5516-2

Problem/Goal/Intervention Description				Sts Directions				From
Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented	From
Type	Date	Time by	Units	Type	Date	Time by	Units	Change
Activity Date: 11/06/16 Time: 11:21 (continued)								
50100	Output	11/06/16 11:24 KXB	10.7	Goal: Basic nursing care will be provided.	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
Source Of Output Or Asp. Of - Misc. Body Fluid:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Activity Date: 11/06/16 Time: 11:24				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
50100	Output	11/06/16 11:24 KXB	10.7	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Urine voided (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Urine cath. (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Color Of Urine:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Character Of Urine:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Urine Intact Est (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
If No Output, Is Pt. On Dialysis:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Void X NV: 4 Last Void Date:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Stool X: 2 Stool Weight cc's				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Stool Consistency:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Color Of Stool:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Amount Of Stool:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Ileostomy (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
New Colostomy Output:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Old Colostomy Output (Ntr. of stool's):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
NG (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Emesis (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Rectal Tube (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Est. Bld Loss (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Vesic Bld Loss (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Chest Tube #1 (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Chest Tube #2 (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Drain 1:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Drain 2:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Drain 3:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Drain 4:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Urostomy (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Nephrostomy (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
WOUND EVAC. #1 (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Ant. Of Or. Asp. Of Misc. Body Fluid (ml):				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Source Of Output Or Asp. Of - Misc. Body Fluid:				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	AS NEEDED	CP
Activity Date: 11/06/16 Time: 11:37								
00522	Pediatric Admit Assessment	11/06/16 11:37 his	11/06/16 11:37 his	Goal: No evidence of injury to patient.	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
00551	Discharge Summary	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
001050	Telemetry Monitoring	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
Problem: Basic Pediatric Nursing Care				- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D
- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16 11:37 his	- Ed Status	11/06/16 11:37 his	11/06/16 11:37 his	11/06/16	A => D

Age/Sex: 4Y 04X F Attending: Craig, Anna M M.D.
Unit #: K030629604 Account #: K32957086
Admitted: 11/04/16 at 20:9 Location: SES
Status: DIS IN Room/Bed: K.E5516-1

Willis-Knighton South Nursing **LIVE**
HHS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description					Sts Directions		From	
Activity Type	Date	Occurred	Recorded	Time by Date	Time by Comment	Documented Units	Change	
Activity Date: 11/06/16 Time: 1137								
1-D	Patient Education				D AS NEEDED		CP	
- Ed Status	11/06/16 1137 his	11/06/16 1137 his					A => D	
Problem: Pain Management:								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D		A => D	
Goal: Pain Level Acceptable to Patient								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D 11/07/16		A => D	
102012	PAIN Assessment / Management - PEDI				D PRN		A => D	
- Ed Status	11/06/16 1137 his	11/06/16 1137 his					CP	
Problem: Breathing Pattern, Ineffective								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D		A => D	
Goal: AIRWAY BREATHING EFFECTIVE								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D		A => D	
3000001	Breathing Pattern, Ineffective				D QSHFT		A => D	
- Ed Status	11/06/16 1137 his	11/06/16 1137 his					CP	
Problem: PATIENT AT HIGH RISK FOR FALLS								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D		A => D	
Goal: NS: Patient risk for falling reduced.								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his			D		A => D	
7000023	High Fall Risk Intervention				D Q2H		A => D	
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).								
2. USE CORRECTIVE LENSES, if applicable.								
3. ASSIST WITH AMBULATION.								
4. OFFER BATHROOM ASSISTANCE.								
5. USE NON-SKID FOOTWEAR.								
6. CLOSELY OBSERVE DISORIENTED PATIENTS								
7. ENSURE ADEQUATE LIGHTING AT NIGHT								
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, geri-chairs, etc).								
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
12. KEEP ROOM FREE OF CLUTTER.								
- Ed Status	11/06/16 1137 his	11/06/16 1137 his					A => D	
Monogram Initials Name					Nurse Type			
BG	GEORGE,NS	GEORGE,BECKY					RN	
CJP	COOK,NS	POLLARD,CASSANDRA J					RN	
ERS	SCOTTEZ,NS	SCOTT,ESTELLE R					NC-S	
ISR	ROBINI,NS	ROBINSON,INGRID S					MI-27	


Monogram Initials Name Nurse Type

JG GRIFFIN,NS GRIFFEH,JENNIFER RN
JG* GARDON,NS GARDNER,JANICE RN
KNS BRAGG,NS BRAGG,KAYLA N. RNAPP
VA ANDERSON,NS ANDERSON,VANESSA A RN
WV VANN,NS VANN,VALLARIE RN
his automatic by program

MEDICATION ADMINISTRATION RECORD		ROBERSP.DP				
ADMIN PERIOD: 11/06/16 to 11/07/16-0700		11/05/16-2030				
RX #	MEDICATION	START	STOP	DAY 0701-1300	EVENING 1301-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005694395	BUDESONIDE 0.5 MG/2 ML UD (0.25 MG) (PULMICORT RESPULE) ORD DR: Aycock II, Richard A M.D. DOSE: 0.25 MG- (0.5 UNIT DOSE(S)) INH .BID SCH COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	2045 11/04/16				
K005694396	PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) ORD DR: Aycock II, Richard A M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .DAILY SCH DOSE INSTR: 14MG (4.67MLS) COMMENTS: (REFRIGERATE!)	2045 11/04/16			1600	

***** IV'S *****						
K005694397	CEFTRIAXONE 500 MG VIAL (700 MG) (ROCEPHIN) IN: D5W 50 ML BAG (50 ML) (D5W) ORD DR: Aycock II, Richard A M.D. RATE: 50 MLS/HR DUR: 1 FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	2000 11/05/16			2000	
<p><i>Normal Saline @ 50/h</i></p>						


LEGEND:							
RD Rt Deltoid		RUQ Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RDT Rt Dorsal Thigh	
LD Lt Deltoid		LUQ Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LDT Lt Dorsal Thigh	
RA Rt Abd		EVD Rt Ventr/gluteal		LA Lt Abd		LVD Lt Ventr/gluteal	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: 5MS Service: FMD D.O.B.: 10/01/13 PAGE 1
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MEDICATION ADMINISTRATION RECORD				ROBERTS, DP		
ADMIN PERIOD: 11/06/16 to 11/07/16-0700				11/05/16-2030		
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVA	Rt VentrGluteal	LA	Lt Abd	LVA	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOURN INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K12957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: S/W BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.N5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13
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RECORD		ROBERSP.DP	
PERIOD: 11/06/16 to 11/07/16-0700		11/05/16-2030	
EE	MEDICATION	START	STOP
***** PRN MEDS *****			
K005694390	RT PROTOCOL 1 EA INH.SOLN (None) (RT PROTOCOL) ORD DR: Aycock II, Richard A M.D. DOSE: (INHAL SOLN(S)) INH .UD PRN DOSE INSTR: PROTOCOL AS DIRECTED COMMENTS: FOR ADULTS: Atrovent and/or Xopenex Inh Soln via nebulization per respiratory therapy. FOR PEDIATRICS: Proventil Inhalation Soln via nebulization per respiratory therapy.	2045 11/04/16	
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT
RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT


LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOWNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, JALYAN L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIM BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.M5516-1 Adm Date: 11/04/16 Location: 525 Service: PED D.O.B.: 10/01/13 PAGE 3
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MEDICATION ADMINISTRATION RECORD							
PERIOD: 11/06/16 to 11/07/16-0700							
ROBERSP.DP 11/05/16-2030							
PK #	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005694391	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Aycock II, Richard A M.D. DOSE: (UNIT DOSE(S)) INH .Q2H WHEEZING PRN DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	2045 11/04/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
K005694392	DEXTROMETHORPHAN PED COUGH 60 ML BOT (None) (ROBITUSSIN PED L-A COUGH) ORD DR: Aycock II, Richard A M.D. DOSE: (BOTTLE(S)) PO .Q6H COUGH PRN DOSE INSTR: 5 MLG COMMENTS: (ROBITUSSIN PEDIATRIC L-A COUGH)	2045 11/04/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD Rt Deltoid	ADU Rt Upper Outer Quadrant	RLT Rt Lateral Thigh	RDT Rt Dorsal Thigh	RA Rt Abd	RVG Rt Ventrogluteal		
LD Lt Deltoid	LDU Lt Upper Outer Quadrant	LLT Lt Lateral Thigh	LDL Lt Dorsal Thigh	LA Lt Abd	LVG Lt Ventrogluteal		
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIE-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000623604 Name: HENDERSON, L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.35514-1 Adm Date: 11/04/16 Location: 5XS Service: PED D.O.B.: 10/01/13 PAGE 4
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MEDICATION ADMINISTRATION RECORD										ROBERTS.DP 11/05/16-2030	
PERIOD: 11/06/16 to 11/07/16-0700											
PT #	MEDICATION				START	STOP					
***** PRN MEDS *****											
K005694393	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Aycock II, Richard A M.D. DOSE: (UD CUP(S)) PO .Q4H PRN DOSE INSTR: 80MG (2.5MLS) COMMENTS: PRN TEMP >= 101 DEGREES F. (DO NOT EXCEED 4,000 MG/24HRS!)				2045 11/04/16						
TIME	INDICATION/ COMPLAINT & SITE		DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT		
K005694394	IBUPROFEN PED. SUSP 100 MG/5 ML 5MLUDC (None) (PEDIA PROPEN) ORD DR: Aycock II, Richard A M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .Q6H PRN DOSE INSTR: 50MG (2.5MLS) COMMENTS: PRN TEMP > 102.5 DEGREES F. NOT RELIEVED BY TYLENOL (SHAKE WELL!) (SAME AS ADVIL/MOTRIN)				2045 11/04/16						
TIME	INDICATION/ COMPLAINT & SITE		DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT		
LEGEND: RU Rt Deltoid RUQ Rt Upper Outer Quadrant RLt Rt Lateral Thigh RNT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LNT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal											
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31.1b = 14.061 kg Marital Status: SIN BSA: 0.6 m2				Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: 5ES Service: PED D.O.B.: 10/01/13			
				Allergies: .. see ALLERGY SOURCE DOCUMENT ..				PAGE 5			

EN PERIOD: 11/06/16-11/07/16-0700

ROBERSP.DP

11/05/16-2030


LEGEND:											
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt VentroGluteal
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2	Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: SNS Service: PED D.O.B.: 10/01/13
	Allergies: .. see ALLERGY SOURCE DOCUMENT ..	

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MEDICATION ADMINISTRATION RECORD							
PERIOD: 11/06/16 to 11/07/16-0700							
ROBERSP.DP 11/05/16-2030							
EX #	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	R/LT	Rt Lateral Thigh	R/DL	Rt Dorsal Thigh
LA	Lt Deltoid	LUG	Lt Upper Outer Quadrant	L/LT	Lt Lateral Thigh	L/DL	Lt Dorsal Thigh
RA	Rt Abd	R/VG	Rt VentrOGluteal	LA	Lt Abd	L/VG	Lt VentrOGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: E.W5516-1 Adm Date: 11/04/16 Location: 5NS Service: PED D.O.B.: 10/01/13 PAGE 7
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RUN DATE: 11/05/16
RUN TIME: 2146
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: K.E5516 Serv/Locn: PED
Unit#: K000629604 Account#: K32957086

DOB: 10/01/13 Age: 3Y 01M
Status: IN Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/04/16 - 2201

Allergy2-Med/Contact:
NKDA

11/04/16 - 2201

Food Allergies-Intol:
NKFA

11/04/16 - 2201

Latex Allergy (Y/N):
N

11/04/16 - 2201

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/05/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD		GRIFFFL.NE				
IN PERIOD: 11/05/16 to 11/06/16-0700		11/04/16-2339				
NO.	MEDICATION	START	STOP	DAY 0701-1300	EVENING 1501-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005694395	BUDESONIDE 0.5 MG/2 ML UD (0.25 MG) (PULMICORT RESPULE) ORD DR: Aycock II, Richard A M.D. DOSE: 0.25 MG= (0.5 UNIT DOSE(S)) INH .BID SCH COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	2045 11/04/16				
K005694396	PREDNISOLONE 15 MG/5 ML SMLUDC (None) (CRAPRED U/D) ORD DR: Aycock II, Richard A M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .DAILY SCH DOSE INSTR: 14MG (4.67MLS) COMMENTS: (REFRIGERATE!)	2045 11/04/16			1700 1600 RS	


***** IV'S *****					
NO.	DESCRIPTION	START	STOP	DATE	TIME
K005694397	CEFTIRAXONE 500 MG VIAL (700 MG) (ROCEPHIN) IN: DSW 50 ML BAG (50 ML) (DSW) ORD DR: Aycock II, Richard A M.D. RATE: 50 MLS/HR DUR: 1 PRQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	2000 11/05/16			
NS @ 50 cc/hr 1525-16					

LEGEND:		SIGNATURE		INIT.		SIGNATURE		INIT.	
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RMT	Rt Dorsal Thigh	RA	Rt Abd
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LMT	Lt Dorsal Thigh	LA	Lt Abd
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118		Acct#: K32957085 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Craig, Anna M.M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2		Room/Bed: E.W5516-1 Adm Date: 11/04/16 Location: 5ES Service: PED D.O.B.: 10/01/13		Allergies: .. see ALLERGY SOURCE DOCUMENT ..		PAGE 1	

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MEDICATION ADMINISTRATION RECORD				GRIFWJ1.MS	
PERIOD: 11/05/16 to 11/06/16-0700				11/04/16-2339	
RX #	MEDICATION	START	STOP	DAY 0701-1500	NIGHT 1501-2300

LEGEND:								
AD	Rt Deltoid	BUG	Rt Upper Outer Quadrant	BLT	Rt Lateral Thigh	BDT	Rt Dorsal Thigh	
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh	
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32937086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIM BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 2
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MEDICATION ADMINISTRATION RECORD		GRIFFJ1.WS	
PERIOD: 11/05/16 to 11/06/16-0700		11/04/16-2339	
RT #	MEDICATION	START	STOP
***** PRN MEDS *****			
K005694390	RT PROTOCOL 1 EA INH.SOLN (None) (RT PROTOCOL) ORD DR: Aycock II, Richard A M.D. DOSE: (INHAL SOLN(S)) INH .UD PRN DOSE INSTR: PROTOCOL AS DIRECTED COMMENTS: FOR ADULTS: Atrovent and/or Xopenex Inh Soln via nebulization per respiratory therapy. FOR PEDIATRICS: Proventil Inhalation Soln via nebulization per respiratory therapy.	2045 11/04/16	
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT
RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentroGluteal	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.


MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rac#: K000629604 Name: HENDERSON L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIM BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.W5516-1 Adm Date: 11/04/16 Location: 528 Service: PED D.O.B.: 10/01/13 PAGE 3
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IN PERIOD: 11/05/16-11 to 11/06/16-0700

GRIFJL.NS

11/04/16-2339

SIGNATURE									
INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	

<p>MEDICATION ADMINISTRATION RECORD (2946)</p> <p>WILLIS-KNIGHTON SOUTH</p> <p>3510 BERT KOUNS INDUSTRIAL LOOP</p> <p>SHREVEPORT, LOUISIANA 71118</p> 	<p>Acct#: K32957086 Med Rec#: K000629604</p> <p>Name: HENDERSON, [REDACTED] L</p> <p>Phys: Craig, Anna M M.D.</p> <p>Age: 3Y 01M Sex: F Wgt: 31 lb. = 14.061 kg</p> <p>Marital Status: SIN BSA: 0.6 m2</p> <p>Allergies: .. see ALLERGY SOURCE DOCUMENT ..</p>	<p>Room/Bed: K.W5516-1</p> <p>Adm Date: 11/04/16</p> <p>Location: SES</p> <p>Service: PED</p> <p>D.O.B.: 10/01/13</p> <p>PAGE 4</p>
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[illegible]

Medication Administration Record


GRIFJLMS

IN PERIOD: 11/05/16 to 11/06/16-0700

11/04/16-2339

MEDICATION				START	STOP			
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT


LEGEND:											
RD	Rt Deltoid	AVD	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RVT	Rt Dorsal Thigh	RA	Rt Abd	AVG	Rt VentroGluteal
LD	Lt Deltoid	LDG	Lt Upper Outer Quadrant	LMT	Lt Lateral Thigh	LVT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	

<p>MEDICATION ADMINISTRATION RECORD (2946)</p> <p>WILLIS-KNIGHTON SOUTH</p> <p>2510 BERT KOUNS INDUSTRIAL LOOP</p> <p>SHREVEPORT, LOUISIANA 71118</p> 	<p>Acct#: K32957086 Med Rec#: K000629604</p> <p>Name: HERNIMSON, [REDACTED] L</p> <p>Phys: Craig, Anna M M.D.</p> <p>Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg</p> <p>Marital Status: SIN BSA: 0.6 m2</p> <p>Allergies: .. see ALLERGY SOURCE DOCUMENT ..</p>	<p>Room/Bed: K.25516-1</p> <p>Adm Date: 11/04/15</p> <p>Location: SES</p> <p>Service: PKD</p> <p>D.O.B.: 10/01/13</p>
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PAGE 6

MEDICATION ADMINISTRATION RECORD							
PATIENT PERIOD: 11/05/16 to 11/06/16-0700							
GRIFFIN, MS 11/04/16-2339							
NR #	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT


LEGEND:							
AD	Rt Deltoid	ADQ	Rt Upper Outer Quadrant	ADT	Rt Lateral Thigh	ADT	Rt Dorsal Thigh
LD	Lt Deltoid	LDQ	Lt Upper Outer Quadrant	LDL	Lt Lateral Thigh	LDL	Lt Dorsal Thigh
RA	Rt Abd	RVA	Rt VentrGluteal	LA	Lt Abd	LVA	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: [REDACTED] Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 7
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MEDICATION ADMINISTRATION RECORD				GRIFFIN, MS	
PERIOD: 11/04/16 to 11/05/16-0700				11/04/16-2339	
RT #	MEDICATION	START	STOP	DAY 0701-1200	NIGHT 1501-2300
***** ROUTINE MEDS *****					
K005694395	BUDESONIDE 0.5 MG/2 ML UD (0.25 MG) (PULMICORT RESPULE) ORD DR: Aycock II, Richard A M.D. DOSE: 0.25 MG= (0.5 UNIT DOSE(S)) INH .BID SCH COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	2045 11/04/16			
K005694396	PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) ORD DR: Aycock II, Richard A M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .DAILY SCH DOSE INSTR: 14MG (4.67MLS) COMMENTS: (REFRIGERATE!)	2045 11/04/16			


***** IV'S *****					
K005694397	CEFTRIAZONE 500 MG VIAL (700 MG) (ROCEPHIN) IN: DSW 50 ML BAG (50 ML) (DSW) ORD DR: Aycock II, Richard A M.D. RATE: 50 MLS/HR DUR: 1 FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	2000 11/05/16			

LEGEND:							
RD Rt Deltoid		RUQ Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RDT Rt Dorsal Thigh	
LD Lt Deltoid		LUQ Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LDT Lt Dorsal Thigh	
RA Rt Abd		RVG Rt VentroGluteal		LA Lt Abd		LVG Lt VentroGluteal	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.25516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13
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MEDICATION ADMINISTRATION RECORD				GRIFFIN, MS		
ADMIN PERIOD: 11/04/16 to 11/05/16-0700				11/04/16-2339		
RX #	MEDICATION	START	STOP	DAY 0700-1500	EVENING 1501-2100	NIGHT 2101-0700

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt Ventrogluteal	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.


MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: X32957086 Med Rec#: X000629604 Name: HENDERSON, AALIYAH L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: X.M5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 2
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MEDICATION ADMINISTRATION RECORD				GRIFFO1.MS			
PERIOD: 11/04/16 to 11/05/16-0700				11/04/16-2339			
NR	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005694390	RT PROTOCOL 1 EA INH.SOLN (None) (RT PROTOCOL) ORD DR: Aycock II, Richard A M.D. DOSE: (INHAL SOLN(S)) INH .UD PRN DOSE INSTR: PROTOCOL AS DIRECTED COMMENTS: FOR ADULTS: Atrovent and/or Xopenex Inh Soln via nebulization per respiratory therapy. FOR PEDIATRICS: Proventil Inhalation Soln via nebulization per respiratory therapy.	2045 11/04/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt Ventrogluteal	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K12957086 Med Rec#: K000629604 Name: HENDERSON L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 3
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LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt Ventrogluteal	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE	

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Ngt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.X5516-1 Adm Date: 11/04/16 Location: SES Service: PKD D.O.B.: 10/01/13 PAGE 4
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MEDICATION ADMINISTRATION RECORD									
PATIENT PERIOD: 11/04/16 to 11/05/16-0700									
GRIFFIN, MS 11/04/16-2339									
EX #	MEDICATION	START	STOP						
***** PRN MEDS *****									
K005694393	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Aycock II, Richard A M.D. DOSE: (UD CUP(S)) PO .Q4H PRN DOSE INSTR: 80MG (2.5MLS) COMMENTS: PRN TEMP >= 101 DEGREES F. (DO NOT EXCEED 4,000 MG/24HRS!)	2045 11/04/16							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT		
K005694394	IBUPROFEN PED. SUSP 100 MG/5 ML 5MLUDC (None) (PEDIA PROFEN) ORD DR: Aycock II, Richard A M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .Q6H PRN DOSE INSTR: 50MG (2.5MLS) COMMENTS: PRN TEMP > 102.5 DEGREES F. NOT RELIEVED BY TYLENOL (SHAKE WELL!)(SAME AS ADVIL/MOTRIN)	2045 11/04/16							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT		
LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal									
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.		
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K12357086 Med Rec#: K000623604 Name: HENDERSON, AALIYAH L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..				Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: SES Service: PED D.O.B.: 10/01/13	


ON PERIOD: 11/04/16 to 11/05/16-0700

GRIFFIN, NE

11/04/16-2339


LEGEND:																	
AD	Rt	Deltoid	RUQ	Rt	Upper Outer Quadrant	RLT	Rt	Lateral Thigh	RDT	Rt	Dorsal Thigh	RA	Rt	Abd	RVG	Rt	Ventrolateral
LD	Lt	Deltoid	LUQ	Lt	Upper Outer Quadrant	LLT	Lt	Lateral Thigh	LDT	Lt	Dorsal Thigh	LA	Lt	Abd	LVG	Lt	Ventrolateral

SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT Koons INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb - 14.061 kg Marital Status: SIN BSA: 0.6 m2	Room/Bed: K.25516-1 Adm Date: 11/04/16 Location: 5HS Service: PED D.O.B.: 10/01/13	
	Allergies: .. see ALLERGY SOURCE DOCUMENT ..		PAGE 6

MEDICATION ADMINISTRATION RECORD							
PATIENT PERIOD: 11/04/16 to 11/05/16-0700							
GRIFFIN, NH 11/04/16-2339							
RX #	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
AD	Rt Deltoid	ADU	Rt Upper Outer Quadrant	ALT	Rt Lateral Thigh	ADT	Rt Dorsal Thigh
LD	Lt Deltoid	LDU	Lt Upper Outer Quadrant	ALT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32957086 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Craig, Anna M M.D. Age: 3Y 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.6 m2	Room/Bed: K.W5516-1 Adm Date: 11/04/16 Location: 5NS Service: FMD D.O.B.: 10/01/13
Allergies: .. see ALLERGY SOURCE DOCUMENT ..		

RUN DATE: 11/14/16
RUN TIME: 1511
RUN USER: SAFFED2.AM

Ellis Knighton Smith *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: Serv/Loch: ERS
Unit#: K000629604 Account#: K32957086

DOB: 10/01/13 Age: 3Y 01M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

05/14/16 - 0436

Allergy2-Med/Contact:
NKDA

05/14/16 - 0436

Food Allergies-Intol:
NKFA

05/14/16 - 0436

Latex Allergy (Y/N):
N

05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/04/16
RUN TIME: 2020
RUN USER: PATERA.AM

Allis Knighton Smith *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 3Y 01M
Rm/Bd: K.E5516 Serv/Loch: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32957086 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

05/14/16 - 0436

Allergy2-Med/Contact:
NKDA

05/14/16 - 0436

Food Allergies-Intol:
NKFA

05/14/16 - 0436

Latex Allergy (Y/N):
N

05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/04/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/04/16
RUN TIME: 2020
RUN USER: PATERA.AM

Ellis Knighton Smith *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: K.E5516 Serv/Loch: PED
Unit#: K000629604 Account#: K32957086

DOB: 10/01/13 Age: 3Y 01M
Status: IN Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

05/14/16 - 0436

Allergy2-Med/Contact:
NKDA

05/14/16 - 0436

Food Allergies-Intol:
NKFA

05/14/16 - 0436

Latex Allergy (Y/N):
N

05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:

11/04/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/04/16 Willis-Knighton South Nursing **LIVE** PAGE 1
RUN TIME: 2226 Home Medications NOT An Order
RUN USER: 0

Home Medications NOT An Order
For Information/Comparison Only

ALBUTEROL	1/2 UD	HHN	Q 4 HRS PRN
ANTIFUNGAL CREAM		TOP	Q DAY

NOT AN ORDER



Name: [REDACTED] L
Acct#: K32957086
Room/Bed: K.E5516-1
DOB: 10/01/13 Age: 3Y 01M Sex: F Weight: 31

ACLS/PALS Results for 14.1 kg (30.9 lb)

Page 1 of 4

Dosing Calculators - Emergency Drugs

Select Dosing Type:

☒ Pediatric ☐ Adult

Patient Weight:

14.06

☒ kg ☐ lb

Results: [Sat Nov 05 02:29:28 GMT 2016]

Pediatric Emergency Drug Dosing Calculator

There is limited information available on the dosing of infants and neonates. As with all MICROMEDEX products, please use caution and exercise your clinical discretion and professional judgment when utilizing this calculator.

Sat Nov 05 02:29:28 GMT 2016

Patient Name: henderson,aaliyah

Entered Values: Dosing Type: Pediatric Patient Weight: 14.1 kg (30.9 lb)

Recommendations according to AHA guidelines ACLS/PALS/neonatal resuscitation.

*Attention - Institutionally dispensed drug concentrations may vary.

Drug	Route	Dose	Delivery
Adenosine			
Initial: 0.1 mg/kg/dose MAX: 6 mg/dose Repeat: 0.2 mg/kg/dose MAX: 12 mg/dose	Rapid IV/IO Push	1.41 mg/dose (0.47 mL/dose of 3 mg/mL conc) MAX: 6 mg/dose Repeat: 2.81 mg/dose (0.94 mL/dose of 3 mg/mL conc) MAX: 12 mg/dose	Immediately follow drug administration with at least 5 mL normal saline.
Amlodarone			
5 mg/kg/dose MAX: 300 mg/dose May repeat dose twice up to MAX: 15 mg/kg	IV/IO	70 mg/dose (1.4 mL/dose of a 50 mg/mL conc) for pulseless VT/VF, give as rapid bolus; for perfusing tachycardias, infuse over 20 to 60 minutes MAX: 300 mg/dose May repeat dose twice up to MAX: 211 mg	Dilute to 1 to 6 mg/mL in D5W.
Atropine			
IV: 0.02 mg/kg/dose MAX: 0.5 mg/dose May repeat once	IV/IO	0.28 mg/dose (2.81 mL/dose of 0.1 mg/mL conc) MAX: 0.5 mg May repeat once	
ET:	ET	0.5 mg/dose (0.5 mL/dose of	Dilute in NS to a volume of

ACLS/PALS Results for 14.1 kg (30.9 lb)

Page 2 of 4

Drug	Route	Dose	Delivery
0.04 to 0.06 mg/kg/dose MAX: 0.5 mg/dose May repeat once		1 mg/mL conc) Dose based on 0.04 mg/kg/dose MAX: 0.5 mg May repeat once	5 mL and follow instillation by 5 positive pressure ventilations via ambu-bag.
Calcium chloride 10%			
20 mg/kg/dose MAX: 2 g/dose May Repeat: once in 10 minutes	Slow IV/IO	281 mg/dose (2.8 mL/dose of 100 mg/mL conc) MAX: 2 g/dose May Repeat: once in 10 minutes	Administer slowly.
Cardioversion			
0.5 to 1 joule/kg May Repeat 2 joules/kg	Electrical	7 joules Dose based on: 0.5 joules/kg May Repeat 28 joules	
Defibrillation			
Initial shock: 2 joules/kg Second shock: 4 joules/kg	Electrical	Initial shock: 28.12 joules Second shock: 56.24 joules	Subsequent shocks of 4 joules/kg or more up to a MAX: 10 joules/kg or adult dose, whichever is less.
Dextrose			
0.5 to 1 g/kg MAX: 25 g	IV/IO	7 g/dose (28 mL/dose of D25W) Dose based on: 0.5 g/kg MAX: 25 g	Neonates: Use D10W. Infants and children: Use D25W. May dilute D50W 1:1 with sterile water to make D25W prior to administration. Adolescents: Use D50W.
DOBUTamine hydrochloride			
2 to 20 mcg/kg/min	IV/IO	Starting dose: 70.3 mcg/min (4.2 mL/hr of a 1000 mcg/mL conc) Dose based on: 5 mcg/kg/min	Mix 20 mL from a 12.5 mg/mL vial in 250 mL D5W for a 1000 mcg/mL solution.
DOPamine			
2 to 20 mcg/kg/min	IV/IO	Starting dose: 70.3 mcg/min (2.6 mL/hr of a 1600 mcg/mL conc) Dose based on: 5 mcg/kg/min	Mix 10 mL from a 40 mg/mL vial in 250 mL D5W for a 1600 mcg/mL solution.
EPINEPHrine			
IV: 0.01 mg/kg MAX: 1 mg/dose	IV/IO	0.14 mg/dose (1.4 mL/dose of a 0.1 mg/mL conc)	

ACLS/PALS Results for 14.1 kg (30.9 lb)

Page 3 of 4

Drug	Route	Dose	Delivery
May Repeat every 3 to 5 minutes		MAX: 1 mg/dose May repeat every 3 to 5 minutes	
Neonates IV: 0.01 to 0.03 mg/kg/dose	Neonates: IV	0.14 mg/dose (1.4 mL/dose of a 0.1 mg/mL conc) Dose based on 0.01 mg/kg	
ET: 0.1 mg/kg MAX: 2.5 mg/dose May repeat every 3 to 5 minutes	ET	1.4 mg/dose (1.4 mL/dose of a 1 mg/mL conc) MAX: 2.5 mg/dose May repeat every 3 to 5 minutes	Dilute in NS to a volume of 5 mL and follow instillation by 5 positive pressure ventilation via ambu-bag.
Neonates ET: 0.05 to 0.1 mg/kg/dose	Neonates: ET	0.7 mg/dose (7 mL/dose of a 0.1 mg/mL conc) Dose based on 0.05 mg/kg/dose	Follow instillation by 5 positive pressure ventilation via ambu-bag.
EPINEPHrine: Infusion			
0.1 to 1 mcg/kg/min	Infusion	Starting Dose: 1.41 mcg/min (1.7 mL/hr of a 50 mcg/mL conc) Dose based on 0.1 mcg/kg/min	Mix 12.5 mL of 1 mg/mL vial in 250 mL D5W for a 50 mcg/mL solution.
Lidocaine			
IV: 1 mg/kg/dose MAX: 100 mg May repeat up to a MAX: 3 mg/kg	IV/IO	14 mg/dose (1.4 mL/dose of 10 mg/mL conc) MAX: 100 mg May repeat every 5 to 10 minutes up to a MAX: 42 mg	
ET: 2 to 3 mg/kg/dose	ET	28 mg/dose (2.8 mL/dose of 10 mg/mL conc) Dose based on 2 mg/kg/dose	Dilute in NS to a volume of 5 mL and follow instillation by 5 positive pressure ventilation via ambu-bag.
Infusion: 20 to 50 mcg/kg/min	Infusion	281 mcg/min (7 mL/hr of a 2400 mcg/mL conc) Dose based on 20 mcg/kg/min	Mix 30 mL from a 20 mg/mL vial in 250 mL D5W for a 2400 mcg/mL solution.
Magnesium sulfate			
25 to 50 mg/kg/dose MAX: 2 g/dose	IV/IO	352 mg/dose (0.7 mL/dose of 500 mg/mL conc) over 10 to 20 minutes, faster in torsades de pointes MAX: 2 g/dose Dose based on 25 mg/kg/dose	Dilute to a MAX of 200 mg/mL.
Naloxone For Full Reversal			
IV: younger than 5	IV/IO/ET	For Full Reversal: younger than 5 years old or 20 kg	For ET administration: May require 2 to 3 times IV dose.

ACLS/PALS Results for 14.1 kg (30.9 lb)

Page 4 of 4

Drug	Route	Dose	Delivery
<p>years old or 20 kg or less: 0.1 mg/kg/dose MAX: 2 mg/dose</p> <p>5 years and older or more than 20 kg: 2 mg/dose</p>		<p>or less: 1.41 mg/dose (1.4 mL/dose of 1 mg/mL conc) MAX: 2 mg/dose</p> <p>5 years and older or more than 20 kg: 2 mg/dose</p>	<p>Dilute ET dose in NS to a volume of 5 mL and follow instillation by 5 positive pressure ventilations via ambu-bag.</p> <p>Use lower doses to reverse respiratory depression associated with therapeutic opioid use (1 to 5 mcg/kg titrate to effect).</p>
Procalnamide			
15 mg/kg/dose	IV/IO	211 mg/dose (2.11 mL/dose of 100 mg/mL conc) infuse over 30 to 60 minutes	Dilute in NS to a conc of 20 mg/mL. Monitor ECG and blood pressure. Use caution when administering with other drugs that prolong QA.
Sodium bicarbonate			
1 mEq/kg/dose	IV/IO	14 mEq/dose (14 mL/dose of 1 mEq/mL conc)	After adequate ventilation.

RUN DATE: 11/06/16
RUN TIME: 1110
RUN USER: BRAGGK.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 1

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L
Account #: K32957086
Admit Date: 11/04/16
Status: ADM IN
Attending: Craig, Anna M M.D.

Age/Sex: 3Y 01M F
Unit #: K000629604
Location: SES
Room/Bed: K.E5516-1

----- DISCHARGE INSTRUCTIONS -----

Brief Summary Of Hospital Stay: MEDICATIONS, IV FLUIDS, RESPIRATORY TREATMENT EDUCATION
: LABS, CHEST XRAY

---DISCHARGE VITAL SIGNS---

Blood Pressure: 121/74 Heart Rate: 138 Resp. Rate: 25 Temp: 99.0

---Flu and Pneumonia Vaccines---

Flu Vaccine this flu season (Sep 1 - Mar 31): No

Pneumonia Vaccine within the past 5 years:

*Nurse - if no to flu or pneumonia vaccine, refer to Adult/Influenza vaccine protocol

---DISCHARGE FOLLOW UP---

- 1: Appointment with:
Patient/Family to make appointment in:
- 2: Appointment with:
Patient/Family to make appointment in:
- 3: Appointment with:
Patient/Family to make appointment in:
- 4: Appointment with:
Patient/Family to make appointment in:
- 5: Appointment with: PRIMARY CARE PROVIDER
Patient/Family to make appointment in: 3-4 DAYS
- 6: Appointment with:
Patient/Family to make appointment in:
- 7: Appointment with:
Patient/Family to make appointment in:

Other department referrals such as home health, physical therapy, hospice, cardiac rehab, etc:

---DISCHARGE ACTIVITY---

Resume Normal Activity: Y
Resume Normal Diet: Yes
Diet Information: REGULAR
Any restrictions: NO

---TAKE HOME MEDICATIONS -----

MEDICATION	DOSE	ROUTE	Next Dose Due Date	TIME
1: ORAPRED UNIT DOSE FREQUENCY: ONCE DAILY (REFRIDGERATE)	:14 MG	: BY MOUTH	: 11/06/16:	400 PM
2: PULMICORT RESPULE (BUDESONIDE) FREQUENCY: TWICE DAILY ***RX***	:0.25 MG	: 1 INHALE	: 11/06/16:	500 PM
3: PEDIA PROFEN (PEDIATRIC IBUPROFEN) FREQUENCY: EVERY 6 HOURS AS NEEDED FOR TEMP > 102.5 F (IF NOT RELIEVED BY TYLENOL)	:50 MG	: BY MOUTH	:	:
4: PROVENTIL UNIT DOSE (ALBUTEROL SOLUTION) FREQUENCY: EVERY 2 HOURS AS NEEDED FOR WHEEZING ***RX***	:1 INHALE	: 1 INHALE	:	:

RUN DATE: 11/06/16
 RUN TIME: 1110
 RUN USER: BRAGGK.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 2

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L
 Account #: K32957086
 Admit Date: 11/04/16
 Status: ADM IN
 Attending: Craig, Anna M M.D.

Age/Sex: 3Y 01M F
 Unit #: K080629604
 Location: SES
 Room/Bed: K.E5516-1

5: TYLENOL (ACETAMINIPHEN) :80 MG : BY MOUTH :
 FREQUENCY: EVERY 4 HOURS AS NEEDED FOR TEMP > 101 F
 6: : : :
 FREQUENCY: : : :
 7: : : :
 FREQUENCY: : : :
 8: : : :
 FREQUENCY: : : :

	MEDICATION	DOSE	ROUTE	Next Dose Due DATE	TIME
9:					
	FREQUENCY:				
10:					
	FREQUENCY:				
11:					
	FREQUENCY:				
12:					
	FREQUENCY:				
13:					
	FREQUENCY:				
14:					
	FREQUENCY:				
15:					
	FREQUENCY:				
16:					
	FREQUENCY:				

	MEDICATION	DOSE	ROUTE	Next Dose Due DATE	TIME
17:					
	FREQUENCY:				
18:					
	FREQUENCY:				
19:					
	FREQUENCY:				
20:					
	FREQUENCY:				
21:					
	FREQUENCY:				
22:					
	FREQUENCY:				
23:					
	FREQUENCY:				
24:					
	FREQUENCY:				

	MEDICATION	DOSE	ROUTE	Next Dose Due DATE	TIME
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RUN DATE: 11/06/16
RUN TIME: 1110
RUN USER: BRAGGK.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 3

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L
Account #: K32957086
Admit Date: 11/04/16
Status: ADM IN
Attending: Craig, Anna M M.D.

Age/Sex: 3Y 01M F
Unit #: K000629604
Location: SES
Room/Bed: K.E5516-1

25:	:	:	:	:
FREQUENCY:	:	:	:	:
26:	:	:	:	:
FREQUENCY:	:	:	:	:
27:	:	:	:	:
FREQUENCY:	:	:	:	:
28:	:	:	:	:
FREQUENCY:	:	:	:	:
29:	:	:	:	:
FREQUENCY:	:	:	:	:
30:	:	:	:	:
FREQUENCY:	:	:	:	:

Sliding Scale:

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Additional Instructions:

:
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---Skin and Wound Care---

Description of any skin assessment findings and skin care or wound care instructions and/or medications: NO SKIN IMPAIRMENT

:
:
:
:
:

---Discharge Materials and Information Given to Patient and Family---

List of discharge materials/printed instructions given:

: DISCHARGE PAPERWORK, PRESCRIPTIONS X2

:
:

Cardiopulmonary Home Care Instructions Provided: No

Is the patient at risk for falling at home: No

RUN DATE: 11/06/16
RUN TIME: 1110
RUN USER: BRAGGK.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 4

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L
Account #: K32957086
Admit Date: 11/04/16
Status: ADM IN
Attending: Craig, Anna M.M.D.

Age/Sex: 3Y 01M F
Unit #: K000629604
Location: SES
Room/Bed: K.B5516-1

Smoking can be hazardous to your health and those around you. Assistance to stop smoking is available by calling WK QUIT (212-4450), the American Lung Association (800-LUNG-USA), or the American Cancer Society (800-QUIT-NOW).

---Equipment and Lines---

*Nurse - if any lines or equipment left in place at discharge, verify MD order to leave in place.

Heparin lock removed: Yes

Urinary Catheter Removed: Not applicable

*Nurse - if yes, verify patient has voided prior to discharge and/or document findings.

Port Access Needle in Place: Not applicable

PICC Line Removed: Not applicable

Date and Time of last PICC flushing:

Date and Time of last PICC Dressing Change:

PICC Line Mark At:

Home Health Arrange To Care For PICC At Home:

PICC Line Home Care Instructions Provided To Patient Or Family:

Telemetry Removed: Yes

Other Discipline Discharge Instructions: NA

Patient verbalizes understanding and/or demonstrates understanding of discharge instructions: No

If no: FAMILY UNDERSTANDS

Any retained medications returned to patient: Not applicable
If no:

Any valuables returned to patient: Not applicable
If no:

Any records sent with patient: Not applicable

Patient Or Family Signature: [Signature]

Date of Birth: 10/01/13

Nurse Printed Name: Kayla Braggk

Date and Time of Signatures: 11/6/16 1116

Occurred Date: 11/06/16

Monogram: KNB Initials: BRAGGK.NS

Name: BRAGG, KAYLA N.

Occurred Time: 1100

Nurse Type: RNAPP

WILLIS-KNIGHTON HEALTH SYSTEM
Fall Prevention Guidelines for Pediatric Patient and Family

Accidental falls may occur in the hospital. These accidents are as distressing to hospital personnel as they are to the patient. Our health care team of nurses, doctors, physical therapists, and assistants are here to assist you and your child in a safe and speedy recovery. Your participation and cooperation with this program will help you to prevent unnecessary injury.

- * Adult supervision is required for all children age 12 and under
- * Keep ID band on child
- * Notify nursing staff when assistance is needed for toileting or other needs
- * Keep bed in low position and keep side rails up to the top of the crib when child is in crib
- * Have child wear anti-slip footwear when ambulating
- * Keep restroom light or night light on during the night
- * Keep room as clutter free as possible, allowing for clear pathways for your child to ambulate



██████████ L
10/01/13 3Y 01M K.E5516-1
Craig, Anna M M.D.
K32957086 11/04/16



WILLIS-KNIGHTON HEALTH SYSTEM

PEDIATRIC SECURITY INFORMATION SHEET

Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

1. A responsible adult should be with a child 12 years or younger at all times.
2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
3. Pediatric patients must have an identification band on the wrist or foot at all times.
4. All Pediatric Nursing staff wear:
 - a. galaxy blue scrubs and lab jacket with pediatric theme
 - b. a WKHS ID badge with their picture on it.
5. **Never leave your child alone or unsupervised in your room.** Also, keep your door to your room closed at all times.
6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE: _____

WITNESS: _____

DATE/TIME: _____

[Handwritten Signature]
[Handwritten Signature]
11-4-16 @ 2150



Printed: 11/04/2016

IN981 Revised 12/08

10/01/2013 003Y 01M F
Anna Craig
K32957086 11/04/2016 K.E55161



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/04/16

Admission Time: 1458



AM0005



10/01/13 3Y F
Easterling, David R M.D.
K32957086 11/04/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	11/4/16				11/4/16
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
					11/5/16
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 11/04/16
Admission Time: 1458



AM0005



10/01/13 3Y F
Easterling, David R M.D.
K32957086 11/04/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED]

ACCT. NO: K32954356

GUARANTOR: ALEXANDER, JENNIFER
ADDRESS: 3011 KITTY LN APT B
SHREVEPORT, LA 71107NEXT OF KIN: ALEXANDER, JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:ARRIVED FROM: C
ATTENDING PHYS: Willis Jr, Fred Spence M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS: LA HLTHCARE CONN LA ME	1997286459512	[REDACTED]	MEDICAID
SECONDARY INS:			
TERTIARY INS:			
FOURTH INS:			

ACCT NO: K32954356
ROOM:
STATUS: REG ERDATE: 11/04/16
TIME: 0508
SERV/LOC: ERSUNIT#: K000629604
F/C: MA
SS#: 338-89-3614PATIENT: [REDACTED]
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISHBIRTHDATE: 10/01/13
AGE: 3Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLEEMPLOYER: GOD'S GIFT
ADDRESS: 2305 MARIAN PL
SHREVEPORT, LA 71109
000-0000PERSON TO NOTIFY: ALEXANDER, JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107
PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments:

Reason for Visit: COLD SYMPTOMS/COUGH

Admit Clerk: FRANKB.AM

Baby ID#:

Known Drug Allergies: NKDA HIPPA Notice Given: Y Date Notice Given: 09/23/14 Device Id: AMSPC6

Interpreter ID Number: Patient Survey: N Preferred Language: ENGLISH Ethnicity: NHILAT

Do you have an advanced directive that you would like to present to us today? N



K32954356

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 3 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 11/04/2016 Time: 05:08
Bed 10

MRN: 1116206
Account#: K32954356
Private MD: Allen, Scott

HPI:

11/04 This 3 years old African Am/Black Female presents to ED via Ambulatory with complaints of **Cold** sw2
06:26 **Symptoms, Cough.**
06:26 The patient or guardian reports cough, wheezing. Onset: The symptoms/episode began/occurred yesterday. sw2
Modifying factors: The symptoms are alleviated by nothing, the symptoms are aggravated by nothing.
Associated signs and symptoms: Pertinent positives: shortness of breath, wheezing, Pertinent negatives:
fever, vomiting. The patient has experienced similar episodes in the past. Severity of symptoms: At their
worst the symptoms were severe, in the emergency department the symptoms have improved.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
- **PMHx:** Autism
- **PSHx:** None

Historical:

05:18 Family history: Pertinent for; Mother has/had hypertension. Immunization history: Childhood immunizations cph
up to date. Social history: The patient lives at home with family The patient patient is non verbal . the patient
is a minor.
06:26 The history from nurses notes was reviewed and confirmed. sw2

ROS:

06:26 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned sw2
below. **Constitutional:** Negative for fever, poor PO intake. **Respiratory:** Positive for cough, wheezing.

Exam:

06:26 sw2
Constitutional: Well developed, well nourished child who is awake. alert and cooperative with no acute
distress.
Head/Face: Normocephalic. atraumatic.
Eyes: PERRLA, EOMI. Normal conjunctiva with no evidence of injection or discharge. Sclera are non-icteric.
No gross corneal defects and anterior chambers appear normal by gross inspection.
ENT: f
Neck: Supple. Trachea midline. No lymphadenopathy or masses. Normal ROM with no evidence of
vertebral point tenderness. No meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation
in the neck or axilla
Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.
Cardiovascular: Regular rate and rhythm with normal S1 and S2. no murmurs, rubs or gallops. Pulses
intact and symmetrical throughout. No edema or JVD.
Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,
rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.
Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.
MS/ Extremity: No evidence of focal tenderness or deformity. Full ROM throughout with no evidence of
weakness.
Neuro: Awake, alert, with age appropriate mental status. CN 2-12 grossly intact. Motor strength 5/5
throughout with sensory grossly intact. Age appropriate cerebellar function. Age appropriate ambulatory
ability.
Respiratory: Respirations: labored breathing, that is mild. Breath sounds: wheezing, that is moderate,
congested with cough.

06:30 sw2
Neuro: Orientation: is normal.

Physician Documentation Con't.**Vital Signs:**

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
05:20			26	100.2	100%	14.06 kg / 31 lbs 0 oz	40 in. (102 cm)		cph

05:20 patient very agitated hard to obtain accurate vitals

cph

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
05:20	spontaneous(4)	inappropriate words(3)	obeys commands(6)	Phys. Deformity	13	cph

MDM:

05:25 Patient medically screened.

sw2

06:26

sw2

Differential Diagnosis: Bronchitis Influenza Upper Respiratory Infection Sinusitis Pharyngitis Asthma Exacerbation Viral Syndrome Pneumonia.

Data reviewed: vital signs, nurses notes, radiologic studies, and as a result, I will administer steroids, PrElone, administer nebulizer.

Data interpreted: Pulse oximetry: normal.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Response to treatment: the patient's symptoms have markedly improved after treatment.

Order	Status	Time	By	For
Call X-Ray Tech	Ordered	11/04/16 05:26	sw2	sw2
	Completed	11/04/16 05:36	Christine Kemp	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	11/04/16 05:26	sw2	sw2
	Returned	11/04/16 06:16	Jose Torres	
Notes: Bed Name: 10	Order Method: Electronic			
ER EXAM ROOM/BED: (OERDERRMBD): 10				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
PrElone Liquid 1 tsp PO once	Ordered	11/04/16 05:30	sw2	sw2
	Administered	11/04/16 05:41	sc7	
Notes:	Order Method: Electronic			
11/04/16 05:41 Administered: PrElone Liquid 1 tsp PO			sc7	
11/04/16 06:41 Follow Up: Response: No Adverse Reaction; Tolerated well			lnp	

Name: Aaliyah

MRN: 1116206

Account#: K32954356

Print Time 10/1/2019 10:03 09

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Physician Documentation Con't.

Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	11/04/16 05:30	sw2	sw2
	Administered	11/04/16 05:42	sc7	
Notes:	Order Method: Electronic			
11/04/16 05:42 Administered: DuoNeb 1 unit dose Inhalation				sc7
11/04/16 06:40 Follow Up: Response: No Adverse Reaction; Respiratory status improved: Tolerated well				Inp

Order Signatures:

Willis, Fred, MD MD sw2

Disposition:

06:26 Electronically signed by: FRED WILLIS JR MD. Disposition.

sw2

06:30 Disposition.

sw2

Disposition:

11/04/16 06:29 Discharged to Home/Self Care. Impression: Bronchitis Asthmatic, Asthma with Acute Exacerbation.

- Condition is Stable.
- Discharge Instructions: Bronchitis.
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 7.8 milliliter by ORAL route every 12 hours for 10 days; 160 milliliter.
 - Prelone 15mg/5ml Oral Solution
 - take 1 teaspoonful by ORAL route once daily for 5 days; 1 QS.
 - Robitussin
 - CF Oral Suspension - take 1.25 milliliter by ORAL route every 6-8 hours As needed; 15 milliliter.
- Follow up: scott Allen; When: Tomorrow.
- Problem is new.
- Symptoms have improved.

Signatures:

Willis, Fred, MD	MD sw2	Hanson, Chenoa. RN	RN cph
Courtney, STEVEN, RN	RN sc7	Kemp, Christine, ED Tech	ED ck3
Lauren, Poulsen, RN	RN Inp		Tech

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 10:03:09

MRN: 1116206
Account#: K32954356
Page 3 of 3

Nurse's Notes

Name: Aaliyah
Age: 3 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 11/04/2016 Time: 05:08
Bed 10

Willis Knighton South

MRN: 1116206
Account#: K32954356
Private MD: Allen, scott

Presentation:

11/04 Method of Arrival: Ambulatory. cph
05:15 Preferred language for medical communication is English. Presenting complaint: Mother states: She started with a runny nose on Wednesday and then today she started wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. cph
05:20 Acuity: 4 - Semi-Urgent. cph

Triage Assessment:

05:16 **General:** Appears well developed, well nourished, well groomed. Behavior is inappropriate for age, patient is autistic. mobility; ambulates without assistance. **Pain:** Alternate pain scale used, pain scale used due to autism patient non verbal. cph

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
- **PMHx:** Autism
- **PSHx:** None

Historical:

05:18 Family history: Pertinent for; Mother has/had hypertension. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family. The patient patient is non verbal. the patient is a minor. cph
06:26 The history from nurses notes was reviewed and confirmed. sw2

Screening:

05:18 **Abuse screen:** there are no obvious signs of child abuse. cph
Patient fall risk assessment; risks identified; None.
Learning Barriers: age barrier identified, caregiver ready and willing to learn, prefers oral and written instructions.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: None identified.

Assessment:

05:26 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Alternate pain scale used; patient is non verbal, autistic. Mother reports that patient does not appear to be in any pain to her. Pain began. **General:** Appears well developed, well nourished, Behavior is inappropriate for age, patient is autistic, nonverbal, rolling around in bed, fighting off nurses. Patient continuously making gibberish grunting noises. **Neuro:** Level of Consciousness is alert, awake. **EENT:** Nares with drainage noted bilaterally Oral mucosa is moist. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge. **Respiratory:** Respiratory effort is even, unlabored, relaxed. Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds with rhonchi Parent/caregiver reports the patient having cough that is wheezing. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is moist. **Injury Description:** denies injury. Age appropriate behavior- Toddler (12 months to 4 yrs): minimal language skills. cph

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
05:20		100	26	100.2	100%	14.06 kg / 31 lbs 0 oz	40 in. (102 cm)		cph

05:20 patient very agitated hard to obtain accurate vitals

Vitals:

05:20 Acuity: 4 - Semi-Urgent. cph
06:42 Body Mass Index = 13.51. Inp

*Nurse's Notes Con't***Glasgow Coma Score:**

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
05:20	spontaneous(4)	inappropriate words(3)	obeys commands(6)	Phys. Deformity	13	cph

ED Course:

05:08 Patient arrived in ED. ms2
 05:08 Patient moved to KIOSK. ms2
 05:14 Patient moved to 10. cph
 05:14 Hanson, Chenoa, RN is Primary Nurse. cph
 05:15 Allen, scott is Private Physician. cph
 05:25 Willis, Fred, MD is Attending Physician. sw2
 05:25 Patient/caregiver encouraged to voice any concerns. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. cph
 06:07 Patient moved to Radiology. jat
 06:07 Chest 2 View *routine* Sent. jat
 06:16 Patient moved to 10. jat
 06:28 Allen, scott is Referral Physician. sw2
 06:41 No procedures done that require assistance. Inp

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
05:41	PrElone Liquid 1 tsp		PO					sc7
06:41	Follow up: Response: No Adverse Reaction; Tolerated well							Inp
05:42	DuoNeb 1 unit dose		Inhalation					sc7
06:40	Follow up: Response: No Adverse Reaction; Respiratory status improved; Tolerated well							Inp

Outcome:

06:29 Discharge ordered by MD. sw2
 06:41 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans. medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 3. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit. Inp
 06:42 Electronic medical record closed. Inp

Signatures:

Willis, Fred, MD	MD	sw2	Hanson, Chenoa, RN	RN	cph
Scriptuser, MEDHOST		ms2	Torres, Jose		jat
Courtney, STEVEN, RN	RN	sc7	Lauren, Poulsen, RN	RN	Inp

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 10:03:52

 MRN: 1116206
 Account#: K32954356
 Page 2 of 2

WILLIS-KNIGHTON SOUTH
Account: K32954356
Patient: [REDACTED] L
Order Dr: Willis Jr, Fred Spence M.D.
EPI: 000000001116206
XR REPORT
DEP ER
DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS/COUGH
Reason For Exam: Cold Symptoms Interpretive Location: WKP
Procedure Date: 11/04/2016 Accession Number: 3394193
Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION:

1. Negative chest

No interval change from prior exam.

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: 10/16/2016

Findings: Heart size normal. Lung fields clear. Bony elements negative.

Electronically Signed by: BRENT JAMES BOUDREAUX M.D. on Nov 4 2016 7:10A
3394193

Willis Knighton PCI **LIVE** (PCI: OE Database WKS)

RUN DATE: 11/04/16
RUN TIME: 0529
RUN USER: FRANKB.AM

Willis Knighton Smith *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 3Y 01M
Rm/Bd: Serv/Lochn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32954356 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:	05/14/16 - 0436
NKDA	
Allergy2-Med/Contact:	05/14/16 - 0436
NKDA	
Food Allergies-Intol:	05/14/16 - 0436
NKFA	
Latex Allergy (Y/N):	05/14/16 - 0436
N	

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



[REDACTED] L
10/01/13 3Y 01M
Willis Jr, Fred Spe
K32954356 11/04/16

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [REDACTED] L

Arrival Date:

11/04/16 05:08

Care Complete Time:

11/04/16 06:29

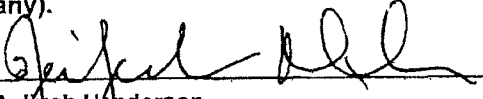
Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.


Care provided by: Willis, Fred, MD

Diagnosis: Bronchitis Asthmatic; Asthma with Acute Exacerbation

DISCHARGE INSTRUCTIONS	FORMS
Bronchitis	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Allen, scott When: Tomorrow	Amoxicillin Predione Robitussin-CF
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson
MRN # K000629604


ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

10/01/13 3Y 01M L
Willis Jr, Fred Spe
K32954356 11/04/16

FOLLOW UP INSTRUCTIONS

Allen, scott
When: Tomorrow

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
Take 7.8 milliliter by ORAL route every 12 hours for 10 days; 160 milliliter

Prelone 15mg/5ml Oral Solution
Take 1 teaspoonful by ORAL route once daily for 5 days; 1 QS

Robitussin-CF Oral Suspension
Take 1.25 milliliter by ORAL route every 6-8 hours As needed; 15 milliliter


TESTS AND PROCEDURES

Labs
None

Rad
Chest 2 View *routine*

Procedures
None

Other
Call X-Ray Tech


HENDERSON, [REDACTED] L
10/01/13 3Y 01M
Willis Jr, Fred Spe
K32954356 11/04/16



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/04/16

Admission Time: 0508



10/01/13 3Y F
Willis Jr, Fred Spence M.D.
K32954356 11/04/16



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ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	11/04/16		11/04/16	BETZOLD	11/04/16
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
Kelena Alexander				Betty Shau	0508
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 11/04/16
Admission Time: 0508



AM0005



L
10/01/13 3Y F
Willis Jr, Fred Spence M.D.
K32954356 11/04/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32880478

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821 RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Easterling, David R M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32880478
ROOM:
STATUS: REG ER

DATE: 10/16/16
TIME: 1227
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#: 338-89-3614

PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISH

BIRTHDATE: 10/01/13
AGE: 3Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: GOD'S GIFT
ADDRESS: 2546 CENTENARY BLVD
SHREVEPORT,LA 71106
(318)424-5070

PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments: NON INJURY

Reason for Visit: COUGH-FEVER

Known Drug Allergies: NKDA HIPPA Notice Given: Y Date Notice Given: 09/23/14

Interpreter ID Number: Patient Survey: N Preferred Language:

Do you have an advaced directive that you would like to present to us today? N

Admit Clerk: MORANCAM

Baby ID#:

Device Id: AMSPC5

Ethnicity: NHILAT



K32880478

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 3 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 10/16/2016 Time: 12:27
Bed 11

MRN: 1116206
Account#: K32880478
Private MD: Scott. Allen

HPI:

- 10/16 This 3 years old African Am/Black Female presents to ED via Ambulatory with complaints of **Cough - fever.** kr2
13:26 The patient presents to the emergency department with cough, earache, "tugging at both ears", fever, wheezing. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: cough, earache, fever, myalgias, wheezing. Pertinent negatives: congestion, constipation, diarrhea, seizure, shortness of breath, vomiting. kr2
13:31 Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician. kr2

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

- 13:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Last tetanus immunization: up to date. Social history: The patient lives with mother The patient speaks fluent English. speaks appropriately for age, the patient is a minor. sh1
13:31 The history from nurses notes was reviewed and confirmed. kr2

ROS:

- 13:31 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Eyes:** Negative for injury, swelling, pain, visual disturbance or loss, FB sensation, redness, and discharge, **Neck:** Negative for injury, pain, stiffness, and swelling **Cardiovascular:** Negative for chest pain, palpitations, and edema, **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury, distention **Back:** Negative for injury, pain, deformity, and decreased ROM **GU:** Negative for injury, pain, bleeding, discharge, incontinence, and swelling, **MS/Extremity:** Negative for injury, pain, swelling, and decreased ROM **Skin:** Negative for injury, swelling, discoloration, rash, and lesions **Neuro:** Negative for altered mental status, headache, weakness, numbness, tingling, and seizure **Psych:** Negative for depression, anxiety, suicide ideation, homicidal ideation, auditory hallucinations, visual hallucinations, and delusions. **Constitutional:** Positive for coughing, fever, malaise, acute pain, Negative for chills, fussiness, obvious distress, poor PO intake, shortness of breath, vomiting. **ENT:** Positive for pulling at ears, Negative for difficulty swallowing, hoarseness, nasal discharge, sinus congestion, sinus pain. **Respiratory:** Positive for cough, wheezing, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production. kr2

Exam:

- 13:31 kr2
Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress.
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact, no evidence of conjunctivitis. Lids and lashes normal
Neck: Supple. Trachea midline. Normal thyroid with no lymphadenopathy or masses. Normal ROM without pain. No vertebral point tenderness. No meningismus, no nuchal rigidity Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Physician Documentation Con't.

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, non-tender, nondistended no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain.

Skin: Warm and dry with excellent turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal, no clubbing, cyanosis, or edema. Neurovascular intact. Full, normal range of motion without pain.

Neuro: Awake and alert, oriented to person, place, time, and situation. Good muscle tone. Moves all extremities. GCS 15. Sensory grossly intact. Normal speech and gait for age.

Psych: Behavior and affect are normal for age. No delusions.

ENT: External ear(s): are unremarkable, no erythema, no laceration, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, no abscess, no bleeding, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, no rupture, Nose: is normal, no abscess, no bleeding, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no gum abnormalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: Airway: normal, no evidence of obstruction, Tonsils: are normal in appearance, Uvula: normal, midline, swelling, is not appreciated, erythema, that is moderate, exudate, is not appreciated, peritonsillar mass, is not appreciated.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
12:47	94 / 55		31	99.6(T)	100% on R/A	14.06 kg / 31 lbs 0 oz	3 ft. 0 in. (91 cm)	4/10	rbp
12:48				98.7(A)					rbp
13:34				98.8(R)					sh1
16:11		112	24	99.2(A)	100% on R/A			0/10	sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
12:47	spontaneous(4)	oriented(5)	obeys commands(6)		15	rbp

MDM:

13:18 Patient medically screened.

sd5

13:31

kr2

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Order	Status	Time	By	For
Strep A Screen Rapid Oia	Ordered	10/16/16 13:35	sh1	sd5
	Reviewed	10/16/16 14:31	Sean Denham	
Notes:	Order Method: Verbal - Read back			

Name: Aaliyah

MRN: 1116206

Account#: K32880478

Print Time: 10/1-2019 10:06:37

Page 2 of 3

Physician Documentation Con't.

Sign off: Denham, Sean 10/16/16 14:31				
Interpretation: Normal.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Ordering Location: ERSPC100.1				
Quantity 1: 1				
Order	Status	Time	By	For
COLLECT SWAB	Ordered	10/16/16 13:35	sh1	sd5
	Completed	10/16/16 13:41	Sue Hovingh	
Notes:	Order Method: Verbal - Read back			
	Sign off: Denham, Sean 10/16/16 14:31			
Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	10/16/16 14:32	sd5	sd5
	Reviewed	10/16/16 15:12	Sean Denham	
Notes: Bed Name: 11	Order Method: Electronic			
Interpretation: Normal.				
ER EXAM ROOM/BED: (OERDERRMBD): 11				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cough				

Order Signatures:

Denham, Sean, MD MD sd5 Hovingh, Sue, RN RN sh1

Disposition:

13:31 This chart was scribed by Rowe, Kristina, Scribe. in the presence of Sean Denham MD. kr2

Disposition:

10/16/16 15:13 Discharged to Home/Self Care. Impression: Fever.

- Condition is Stable.
- Discharge Instructions: Fever, Child (with Dosage Charts).
- Follow up: Private Physician; When: ASAP; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Addendum:

10/29/2016 Electronically signed by: Sean C. Denham, MD. I personally performed the services described in this sd5
00:19 documentation as scribed in my presence. and it is both accurate and complete.

Signatures:

Hovingh, Sue, RN RN sh1 Pabalan, Renaida, RN RN rbp
Denham, Sean, MD MD sd5 Rowe, Kristina, Scribe Scribe kr2

Name: Aaliyah

MRN: 1116206
Account#: K32880478
Page 3 of 3

Nurse's Notes

Name: Aaliyah
Age: 3 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 10/16/2016 Time: 12:27
Bed 11

Willis Knighton South

MRN: 1116206
Account#: K32880478
Private MD: Scott, Allen

Presentation:

10/16 Method of Arrival: Ambulatory. rbp
12:43 Preferred language for medical communication is English. Presenting complaint: Mother states: she started wheezing yesterday, dry coughing, tugging on both ears. fever of 100.3 F this morning. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. rbp
12:47 Acuity: 4 - Semi-Urgent. rbp

Triage Assessment:

12:45 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, mobility; ambulates without assistance. **Pain:** Complains of pain in right ear and left ear Pain does not radiate. currently is 4 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. Quality of pain is described as sore. rbp

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

13:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Last tetanus immunization: up to date. Social history: The patient lives with mother The patient speaks fluent English, speaks appropriately for age, the patient is a minor. sh1
13:31 The history from nurses notes was reviewed and confirmed. kr2

Screening:

12:47 **Abuse screen:** Denies threats or abuse. rbp
Patient fall risk assessment; risks identified: None.
Learning Barriers: age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: None identified.

Assessment:

13:15 **Pain:** FACES pain scale score is 4 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative. appropriate for age. pleasant, mobility; carried. **General:** . **Neuro:** Level of Consciousness is alert, awake, obeys commands. Oriented to person, place, time, Pupils are PERRLA. **EENT:** No deficits noted. **EENT:** Parent/caregiver reports the patient having mother reports she has fever yesterday she has been tugging at her ears she has a cough and she won't eat i know she doesn't feel well because she has just been laying around I gave her a breathing treatment before i came because she had some wheezing. **Cardiovascular:** Capillary refill < 3 seconds is brisk Heart tones S1 S2 present. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. no wheezing auscultated lungs are clear. **Gastrointestinal:** Abdomen is flat. non- distended Bowel sounds present X 4 quads. **Genitourinary:** Parent/caregiver reports the patient having normal urinary habits. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is pink, warm & dry. black. **Musculoskeletal:** No deficits noted. Capillary refill < 3 seconds is brisk Circulation, motion, and sensation intact. **Injury Description:** denies injury. sh1
13:49 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. sh1

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff

Nurse's Notes Con't

12:47	94 / 55	112	31	99.6(T)	100% on R/A	14.06 kg / 31 lbs 0 oz	3 ft. 0 in. (91 cm)	4/10	rbp
12:48				98.7(A)					rbp
13:34				98.8(R)					sh1
16:11		112	24	99.2(A)	100% on R/A			0/10	sh1

Vitals:

12:47 Acuity: 4 - Semi-Urgent. rbp
 13:15 Body Mass Index = 16.98. sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
12:47	spontaneous(4)	oriented(5)	obeys commands(6)		15	rbp

ED Course:

12:27 Patient arrived in ED. ms2
 12:27 Patient moved to KIOSK. ms2
 12:43 Scott, Allen is Private Physician. rbp
 12:43 Triage completed. rbp
 12:47 Patient placed in waiting room. rbp
 12:48 Patient moved to Waiting. rbp
 13:15 Hovingh, Sue, RN is Primary Nurse. sh1
 13:15 Patient moved to 11. sh1
 13:15 No apparent distress. Resting quietly. Awaiting ED physician evaluation. sh1
 13:15 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up. verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. sh1
 13:18 Denham, Sean, MD is Attending Physician. sd5
 13:41 Strep culture sent to lab. sh1
 13:45 No apparent distress. Resting quietly. Appears to be sleeping. sh1
 14:15 No apparent distress. Resting quietly. Appears to be sleeping. sh1
 14:42 Patient moved to Radiology. dd
 14:42 Patient moved to 11. dd
 14:42 Chest 2 View *routine* Sent. dd
 14:45 No apparent distress. Resting quietly. Appears to be sleeping. sh1
 15:15 No apparent distress. Resting quietly. Appears to be sleeping. sh1
 15:45 No apparent distress. Resting quietly. sitting up in bed eating some crackers. sh1
 16:13 No procedures done that require assistance. sh1

Administered Medications:

No medications were administered

Outcome:

15:13 Discharge ordered by MD. sd5
 16:11 Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on sh1

Name: Aaliyah

MRN: 1116206
 Account#: K32880478
 Page 2 of 3

Nurse's Notes Con't

discharge instructions, follow up and referral plans, medication usage, fever management, mother reports pt already has an appt already scheduled at LSU for Monday 10-17-16 Demonstrated understanding of instructions, medications, fever management Prescriptions given; None. No questions or concerns expressed to me at discharge. Work excuse given for 0day(s). School excuse given for 0day(s). **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed.
Oxygen use: Oxygen use not applicable.

16:14 Electronic medical record closed.

sh1

Signatures:

Hovingh, Sue, RN	RN sh1	Conlay, Dorothy, RT	RT dd
Pabalan, Renaida, RN	RN rbp	Scriptuser, MEDHOST	ms2
Denham, Sean, MD	MD sd5	Rowe, Kristina, Scribe	Scribe kr2

WILLIS-KNIGHTON SOUTH
Account: K32880478
Patient: [REDACTED] L
Order Dr: Denham, Sean C M.D.

EPI: 000000001116206
XR REPORT
REG ER
DOB: 10/01/13

Final Report

Admitting Diagnosis: COUGH-FEVER

Reason For Exam: Cough Interpretive Location: ALBA

Procedure Date: 10/16/2016 Accession Number: 3370358

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No Acute Cardiopulmonary Disease.

RESULT: PA AND LATERAL CHEST

Clinical Information: Cough

Comparison: 8/18/2016

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass lesion, or effusion. No significant skeletal abnormality is seen.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on Oct 16 2016 2:52P

RUN DATE: 10/16/16
RUN TIME: 1251
RUN USER: MORANC.AM

David Knighton with *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 3Y 00M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32880478 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:	05/14/16 - 0436
NKDA	
Allergy2-Med/Contact:	05/14/16 - 0436
NKDA	
Food Allergies-Intol:	05/14/16 - 0436
NKFA	
Latex Allergy (Y/N):	05/14/16 - 0436
N	

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



[REDACTED] L
10/01/13 3Y 00M
Easterling, David R
K32880478 10/16/16

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [REDACTED] L

Arrival Date:

10/16/16 12:27

Care Complete Time:

10/16/16 15:13

10/01/13 3Y 00M L
Easterling, David R
K32880478 10/16/16

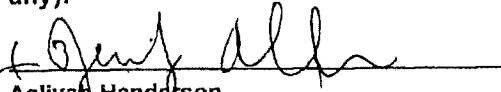
Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

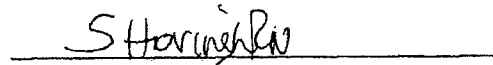
Care provided by: Denham, Sean, MD

Diagnosis: Fever

DISCHARGE INSTRUCTIONS	FORMS
None	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: ASAP; Reason: Recheck today's complaints	None
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson
MRN # K000629604


ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

112 24 100b
99.2ax

FOLLOW UP INSTRUCTIONS

Private Physician

When: ASAP

Reason: Recheck today's complaints

TESTS AND PROCEDURES

Labs

Strep A Screen Rapid Oia

Rad

Chest 2 View *routine*

Procedures

None

Other

COLLECT SWAB



10/01/13 3Y 00M YAH L
Easterling, David R
K32880478 10/16/16

**ASSIGNMENT OF BENEFITS**

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/16/16

Admission Time: 1227

AM3349_1

Page 1 of 2



AM0005

10/01/13 3Y F
Easterling, David R M.D.
K32880478 10/16/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Signature of Guardian	Signature of Witness
Date/Time 10/16/16	Date/Time 10/16/16	Date/Time 10/16/16
Print Name Jennifer Alexander	Print Name Jennifer Alexander	Print Name Cynthia Mora

If Patient/Guardian is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 10/16/16
Admission Time: 1227
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 3Y F
Easterling, David R M.D.
K32880478 10/16/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32778599

GUARANTOR: ALEXANDER,JENNIFER

NEXT OF KIN: ALEXANDER,JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Easterling, David R M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32778599

DATE: 09/18/16

UNIT#: K000629604

ROOM:

TIME: 1125

F/C: MA

STATUS: REG ER

SERV/LOC: ERS

SS#: 338-89-3614

PATIENT: [REDACTED] L

BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

AGE: 2Y

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER,JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

(318)631-7714

PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments:

Admit Clerk: HARTJAM

Reason for Visit: COLD SYMPTOMS

Baby ID#:

Known Drug Allergies: NKDA

HIPPA Notice Given: Y

Date Notice Given: 09/23/14

Device Id: AMSPC5

Interpreter ID Number:

Patient Survey: N

Preferred Language:

Ethnicity: NHILAT

Do you have an advaced directive that you would like to present to us today? N



K32778599

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 2 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 09/18/2016 Time: 11:25

Bed 3

MRN: 1116206

Account#: K32778599

Private MD: LSU-Ochsner, KidMed
clinic: Lsu. Neonatal high risk clinic

HPI:

09/18 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold hjd

12:25 Symptoms.

12:25 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that hjd
is mild, cough, that is intermittent, described as mild, with no sputum, rhinorrhea. Onset: The
symptoms/episode began/occurred 4 day(s) ago. Associated signs and symptoms: Pertinent positives:
congestion, cough, nasal discharge, Pertinent negatives: constipation, diarrhea, fever, shortness of breath,
vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient
symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a
previous episode.

Historical:

- **Allergies:** No known drug Allergies; No known drug Allergies;

- **Home Meds:**

1. Albuterol Inhaler as needed

- **PMHx:** Asthma

- **PSHx:** None

Historical:

11:48 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations rbp
up to date. Social history: The patient lives with parents The patient speaks fluent English, the patient is a
minor.

12:25 History obtained from mother. The history from nurses notes was reviewed and confirmed. hjd

ROS:

12:25 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned hjd
below. **Eyes:** Negative for injury, swelling, redness, and discharge. **Neck:** Negative for injury, swelling,
stiffness or swollen lymph nodes. **Cardiovascular:** Negative for edema **Abdomen/GI:** Negative for
vomiting, diarrhea, and constipation, hematochezia, hematemesis, melena, anorexia **Back:** negative for
obvious deformity and decreased range of motion **GU:** Negative for injury, bleeding, discharge, and
swelling. **MS/Extremity:** Negative for injury, deformity, swelling, or redness. **Skin:** Negative for injury, rash,
discoloration, lesions. **Neuro:** Negative for weakness and seizure. **Constitutional:** Positive for coughing,
Negative for fever, obvious distress, poor PO intake, shortness of breath, vomiting. **ENT:** Positive for nasal
discharge, rhinorrhea. Negative for difficulty handling secretions, difficulty swallowing, hoarseness.
Respiratory: Positive for cough, Negative for hemoptysis, shortness of breath, sputum production,
wheezing.

Exam:

12:25 hjd

Head/Face: Normocephalic, atraumatic.

Eyes: PERRL, EOMI, normal sclera, no evidence of conjunctivitis. Lids/lashes normal.

ENT: TM's/canals clear, no erythema, dullness, nor bulging. Normal mucosa with no erythema, lesions,
discharge. Nares patent. Mucous membranes moist/pink, no erythema, edema, nor exudates. Airway patent
without evidence of obstruction. No erythema, exudate, or edema.

Neck: Supple. Trachea midline. Normal thyroid with no lymphadenopathy or masses. Normal ROM without
pain. No vertebral point tenderness. No meningismus, no nuchal rigidity. Lymphatic No abnormal
lymphadenopathy noted by palpation in the neck or axilla.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. No pulse
deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales,
rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without

Physician Documentation Con't.

pain.

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI. FROM without pain.

Neuro: Awake, alert, and oriented. Makes good eye contact, age appropriate reflexes. Good muscle tone. Moves all extremities. Sensory grossly intact. GCS 15. Speech and gait appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-toxic. afebrile.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:29		100	29	98.6(TE)	100% on R/A	13.66 kg / 30 lbs 2 oz (M)	39 in. (99 cm) (M)	0/10	jh15
12:46		102			98% on R/A				sd4

11:29 FLACC (infant-toddler)

jh15

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:29	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	jh15

MDM:

12:38 Patient medically screened.

rb

12:39

rb

Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient, Give prescription at discharge.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Disposition:

12:39 Electronically signed by: R. Brandhurst M.D. Disposition.

rb

Disposition:

09/18/16 12:40 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Otitis Media.

- Condition is Stable.
- Discharge Instructions: Bronchitis, Ear - Middle, Infection (Otitis Media). Child. Fever, Child (with Dosage Charts), Upper Respiratory Infection (URI). Child.
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 6.7 milliliter by ORAL route every 12 hours for 10 days; 140 milliliter.
 - Benadryl 12.5 mg/5 mL Oral Elixir
 - take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse.
- Problem is new.

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32778599

Physician Documentation Con't.

- Symptoms have improved.

Signatures:

Brandhurst, Roy, MD

MD rb

Pabalan, Renaida, RN

RN rbp

David, Syndee, RN

RN sd4

Dotting, Heather, Scribe

Scribe hjd

Hall, Justin, RN

RN jh15

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 09/18/2016 Time: 11:25

Willis Knighton South

MRN: 1116206
Account#: K32778599
Private MD: LSU/Ochsner, KidMed clinic; Lsu, Neonatal high risk clinic

Bed 3

Presentation:

09/18 Method of Arrival: Ambulatory. jh15
11:29 Preferred language for medical communication is English. Presenting complaint: Mother states: She has been coughing with congestion, runny nose and fever since thursday. Person Transporting: Parent. jh15
Transition of care: patient was not received from another setting of care.
11:32 Acuity: 4 - Semi-Urgent. jh15

Triage Assessment:

11:29 **General:** Appears in no apparent distress, well developed, well nourished, well groomed, comfortable, Behavior is pleasant, playing, mobility; ambulates without assistance Reports fever for feeling ill for. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. jh15

Historical:

- **Allergies:** No known drug Allergies; No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

11:48 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with parents The patient speaks fluent English, the patient is a minor.
12:25 History obtained from mother. The history from hjd nurses notes was reviewed and confirmed.

Screening:

11:29 **Abuse screen:** there are no obvious signs of child abuse. jh15
Patient fall risk assessment; risks identified: is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers: age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: Has not been out of the country.

Assessment:

11:49 **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is appropriate for age, mobility; ambulates without assistance. **Neuro:** Level of Consciousness is alert, awake. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery for 4 day(s). **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is that is wet sound. **Dermatologic:** Skin is intact, is healthy with good turgor. rbp
12:47 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. sd4

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:29		114	29	98.6(TE)	100% on R/A	13.66 kg / 30 lbs 2 oz (M)	39 in. (99 cm) (M)	0/10	jh15
12:46		114			98% on R/A				sd4

11:29 FLACC (infant-toddler)

Vitals:

11:29 Acuity: 4 - Semi-Urgent. jh15

Nurse's Notes Con't

12:47 Body Mass Index = 13.94.

sd4

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:29	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	jh15

ED Course:

11:25 Patient arrived in ED. ms2
 11:25 Patient moved to KIOSK. ms2
 11:28 LSU, KidMed clinic is Private Physician. jh15
 11:28 Lsu, Neonatal high risk clinic is Private Physician. jh15
 11:33 Triage completed. jh15
 11:34 Patient moved to Waiting. jh15
 11:43 Patient moved to 3. rbp
 11:48 Pabalan, Renaida, RN is Primary Nurse. rbp
 11:51 No apparent distress. ER nurse to see patient. rbp
 11:51 Patient/caregiver encouraged to voice any concerns. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. rbp
 11:56 Brandhurst, Roy, MD is Attending Physician. rb
 12:40 LSU, KidMed clinic is Referral Physician. rb
 12:47 No procedures done that require assistance. sd4

Administered Medications:

No medications were administered

Outcome:

12:40 Discharge ordered by MD. rb
 12:46 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge sd4
 instructions, follow up and referral plans, medication usage, fever management, Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided.**
Med Effects: Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.
 12:47 Electronic medical record closed. sd4

Signatures:

Brandhurst, Roy, MD	MD	rb	Pabalan, Renaida, RN	RN	rbp
Scriptuser, MEDHOST		ms2	David, Syndee, RN	RN	sd4
Dotting, Heather, Scribe	Scribe	hjd	Hall, Justin, RN	RN	jh15

Name: Aaliyah [REDACTED]

MRN: 1116206
 Account#: K32778599
 Page 2 of 2

RUN DATE: 05/16/16
 RUN TIME: 1136
 RUN USER: HARTJ.AM

David Knighton with *ADMISSION
 INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 11M
 Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
 Unit#: K000629604 Account#: K32778599 EPI#: 000000001116206

Last Update/
 Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:


Allergy1-Med/Contact: NKDA	05/14/16 - 0436
Allergy2-Med/Contact: NKDA	05/14/16 - 0436
Food Allergies-Intol: NKFA	05/14/16 - 0436
Latex Allergy (Y/N): N	05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
 (Duplicate names represent coding within (3) categories:
 Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
 the Patient's Medical Record


 [REDACTED] L
 10/01/13 2Y 11M
 Easterling, David R
 K32778599 09/18/16

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:****Arrival Date:**

09/18/16 11:25

Care Complete Time:

09/18/16 12:40

10/01/13 2Y 11M
Easterling, David R
K32778599

09/18/16

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Brandhurst, Roy, MD**Diagnosis:** Upper Respiratory Infection (URI); Otitis Media

DISCHARGE INSTRUCTIONS	FORMS
Bronchitis Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
LSU, KidMed clinic (LSU Clinic) When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse	Amoxicillin Benadryl
SPECIAL NOTES	
Fever control, increase fluids, meds as prescribed, follow up PCP and ER if any problem.	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah Henderson

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

LSU, KidMed clinic (LSU Clinic)

318-675-8607

When: 3 days

Reason: Recheck today's complaints, Or sooner if you get worse

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

Take 6.7 milliliter by ORAL route every 12 hours for 10 days; 140 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir

Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter



10/01/13 2Y 11M L
Easterling, David R
K32778599 09/18/16

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

None

Other

None



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 09/18/16

Admission Time: 1125

AM3349..1

Page 1 of 2



10/01/13 2Y F
Easterling, David R M.D.
K32778599 09/18/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	9/18/16		9/18/16		9/18/16
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 09/18/16
Admission Time: 1125
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 2Y F
Easterling, David R M.D.
K32778599 09/18/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32670325

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:ARRIVED FROM: C
ATTENDING PHYS: Haynes, Andrew T M.D.

PHONE:

ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32670325
ROOM:
STATUS: REG ERDATE: 08/18/16
TIME: 1615
SERV/LOC: ERSUNIT#: K000629604
F/C: MA
SS#: 338-89-3614PATIENT: [REDACTED]
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107BIRTHDATE: 10/01/13
AGE: 2Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

PHONE: (318)210-3821

COUNTY: CADD0 PARISH

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments:

Reason for Visit: COLD SYMPTOMS

Admit Clerk: MONETT,AM

Known Drug Allergies: NKDA

HIPPA Notice Given: Y

Date Notice Given: 09/23/14

Baby ID#:

Device Id: AMSPC6

Interpreter ID Number:

Patient Survey: N

Preferred Language:

Ethnicity: NHILAT

Do you have an advanced directive that you would like to present to us today? N



K32670325

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 08/18/2016 Time: 16:15
Bed 2

MRN: 1116206
Account#: K32670325
Private MD:

HPI:

08/18 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold Id3

16:51 Symptoms.

16:51 The patient presents to the emergency department with rhinorrhea, pulling ears. Onset: The symptoms/episode began/occurred acutely, yesterday. Associated signs and symptoms: Pertinent positives: rhinorrhea, pulling ears, Pertinent negatives: congestion, constipation, cough, diarrhea, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician. Id3

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

16:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations alt1 up to date.

16:51 History obtained from mother. The history from nurses notes was reviewed and confirmed. Id3

ROS:

16:51 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Constitutional:** Negative for fever, chills, and weight loss, **Eyes:** Negative for injury, pain, redness, and discharge, **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:** Negative for chest pain, palpitations, and edema, **Respiratory:** Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, **Back:** Negative for injury and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury and deformity, **Skin:** Negative for injury, rash, and discoloration, **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure. **ENT:** Positive for pulling at ears, rhinorrhea, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, nose bleed. Id3

Exam:

16:51 Id3

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.

Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. No erythema, dullness, or bulging. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membranes moist/pink, no erythema, edema or exudate.

Neck: Supple. Trachea midline. No thyromegaly or masses palpated. Normal ROM without pain. No vertebral point tenderness. No Meningismus no nuchal rigidity. No cervical lymphadenopathy. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. Normal heart sounds, no gallops, murmurs, or rubs. Normal PMI. no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Physician Documentation Con't.

Abdomen/GI: Soft, non-tender, nondistended, no mass, no hepatosplenomegaly. No distention or tympany. No guarding or rebound. Bowel sounds present all quadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal range of motion without pain.

Skin: Warm and dry with excellent turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neurovascular intact. Full, normal range of motion without pain.

Neuro: Awake, alert, and oriented. GCS 15. Cranial nerves II-XII grossly intact. Good muscle tone. Sensory grossly intact. Normal speech and gait for age. Motor strength 5/5 in all extremities. Cerebellar exam normal.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well groomed, well hydrated, well nourished, non-toxic, afebrile.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
16:18		108	28	98.0	98% on R/A	14.06 kg / 31 lbs 0 oz	34 in. (86 cm)	0/10	jcm

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
16:18	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

MDM:

16:30 Patient medically screened.

sw2

16:51

ld3

Data reviewed: vital signs, nurses notes, and as a result. I will continue to observe the patient, initiate a consult, order radiologic study(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

16:56 Differential Diagnosis Bowel obstruction, cholecystitis, diverticulitis, gastritis, kidney stone, non-specific abd pain, pancreatitis, pyelonephritis, viral infection, bacterial infection, URI, bronchitis, pneumonia, UTI, gastroenteritis, meningitis. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data interpreted: Pulse oximetry: normal.

Response to treatment: the patient's symptoms have markedly improved after treatment.

Order	Status	Time	By	For
Call X-Ray Tech	Ordered	08/18/16 16:30	sw2	sw2
	Completed	08/18/16 16:31	Steven Clinger	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	08/18/16 16:30	sw2	sw2
	Returned	08/18/16 16:40	Steven Clinger	
Notes: Bed Name: 2	Order Method: Electronic			
ER EXAM ROOM/BED: (OERDERRMBD): 2				

Name: Aaliyah

MRN: 1116206

Account#: K32670325

Print Time 10/1 2019 10:24:21

Page 2 of 3

Physician Documentation Con't.

MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER
O2: (OEADO2): No
REASON FOR EXAM: (OERDEXAM): Cold Symptoms

Order Signatures:

Willis, Fred, MD MD sw2

Disposition:

16:51 This chart was scribed by Dawn, Lauren, Scribe. in the presence of Fred Willis MD. Id3
16:56 Electronically signed by: FRED WILLIS JR MD. Disposition. sw2

Disposition:

08/18/16 16:58 Discharged to Home/Self Care. Impression: Swallowed Foreign Body, Upper Respiratory Infection (URI).

- Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI). Child.
- Prescriptions for
Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
- take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.;
18 milliliter.
J
- MAX 5-200 mg/5 mL Oral Syrup - take 1 teaspoonful by ORAL route every 4 hours; 2 ounces.
- Follow up: Dr. Sharon Tran; When: Tomorrow.
- Problem is new.
- Symptoms have improved.

Signatures:

Clinger, Steven, RN	RN smc	Mathews, Janet, RN	RN jcm
Willis, Fred, MD	MD sw2	Tomlinson, Amy, RN	RN alt1
Dawn, Lauren, Scribe	Scribe Id3		

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32670325
Page 3 of 3

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 08/18/2016 Time: 16:15
Bed 2

Willis Knighton South

MRN: 1116206
Account#: K32670325
Private MD:

Presentation:

08/18 Method of Arrival: Ambulatory. jcm
16:18 Preferred language for medical communication is English. Presenting complaint: Mother states: Runny nose and she has been running a fever and tugging at her ear since yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. jcm
16:25 Acuity: 4 - Semi-Urgent. jcm

Triage Assessment:

16:18 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance Reports fever for 12-24 hours. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. jcm

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

16:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. alt1
16:51 History obtained from mother. The history from nurses notes was reviewed and confirmed. Id3

Screening:

16:18 **Abuse screen:** there are no obvious signs of child abuse. jcm
Patient fall risk assessment; risks identified: is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers: age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: None identified.

Assessment:

16:33 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is pleasant, restless, playing, extremely active, withdraws from touch. **Neuro:** Level of Consciousness is alert, awake. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery tugging at right ear since yesterday. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Parent/caregiver reports the patient having cough that is dry. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is normal. **Musculoskeletal:** No deficits noted. alt1

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
16:18		108	28	98.0	98% on R/A	14.06 kg / 31 lbs 0 oz	34 in. (86 cm)	0/10	jcm

Vitals:

16:18 Acuity: 4 - Semi-Urgent. jcm
17:10 Body Mass Index = 19.01. alt1

Glasgow Coma Score:

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Nurse's Notes Con't

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
16:18	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

ED Course:

16:15 Patient arrived in ED.	ms2
16:15 Patient moved to KIOSK.	ms2
16:26 Triage completed.	jcm
16:26 Patient moved to Waiting.	jcm
16:29 Tomlinson, Amy, RN is Primary Nurse.	alt1
16:29 Patient moved to 2.	alt1
16:30 Willis, Fred, MD is Attending Physician.	sw2
16:32 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up. verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	alt1
16:40 Patient moved to Radiology.	smc
16:40 Patient moved to 2.	smc
16:40 Chest 2 View *routine* Sent.	smc
16:57 Tran, Sharon, MD is Referral Physician.	sw2
17:10 No procedures done that require assistance.	alt1

Administered Medications:

No medications were administered

Outcome:

16:58 Discharge ordered by MD.	sw2
17:10 Discharged to home, ambulatory, with family. Discharge instructions given to family. Instructed on discharge instructions. follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided. Med Effects: Patient recieved no medications during this visit. Oxygen use: Oxygen use not applicable.	alt1
17:11 Electronic medical record closed.	alt1

Signatures:

Clinger, Steven, RN	RN	smc	Mathews, Janet, RN	RN	jcm
Willis, Fred, MD	MD	sw2	Scriptuser, MEDHOST		ms2
Tomlinson, Amy, RN	RN	alt1	Dawn, Lauren. Scribe		Scribe Id3

WILLIS-KNIGHTON SOUTH EPI: 000000001116206
Account: K32670325 XR REPORT
Patient: [REDACTED] L REG ER
Order Dr: Willis Jr, Fred Spence M.D. DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS

Reason For Exam: Cold Symptoms Interpretive Location:

Procedure Date: 08/18/2016 Accession Number: 3299363

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No acute findings in the chest

2. Rounded metallic density in the left mid abdomen resembling a coin.

RESULT: PA AND LATERAL CHEST

Clinical Information: Cold Symptoms

Comparison: 6416

Findings: Lungs are clear heart and pulmonary vasculature are normal.

Metal density resembling a coin is seen in the left mid abdomen. Did the patient have any history of ingestion of foreign bodies?

Electronically Signed by: ANDREW J MARSALA M.D. on Aug 18 2016 5:00P

Willis Knighton PCI **LIVE** (PCI: OE Database WKS)

Willis Knighton South

Name: Aaliyah Henderson

Age: 2 years Sex: Female DOB: 10/01/2013

Arrival Date: 08/18/2016 Arrival Time: 16:15

MRN: K000629604

Account#: K32670325

**EMERGENCY DEPARTMENT
HOME MEDICATION RECONCILIATION**

Allergies: No known drug Allergies

	Home Medication	Route	Dose	Frequency	Last Dose
1	Albuterol	Inhl		as needed	

Administered Medications:

No medications were administered

Prescriptions:

	Prescription	Custom Text
1	Zithromax 100 mg/5 ml Oral Suspension for Reconstitution - take 5 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5; 18 milliliter	
2	J-MAX 5-200 mg/5 mL Oral Syrup - take 1 teaspoonful by ORAL route every 4 hours; 2 ounces	



10/01/13 2Y 10M
Haynes, Andrew T M.
K32670325 08/18/16

DISCHARGE INSTRUCTIONS

Change Home Meds as Follows

ALL ORDERED MEDICATIONS MUST
BE WRITTEN ON HOSPITAL ORDER
SHEET.

THIS DOCUMENT IS NOT
A PHYSICIAN ORDER SHEET

RUN DATE: 05/13/16
RUN TIME: 1627
RUN USER: MONETT.AM

Ellis Knighton Smith *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 10M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32670325 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKDA	05/14/16 - 0436
Allergy2-Med/Contact: NKDA	05/14/16 - 0436
Food Allergies-Intol: NKFA	05/14/16 - 0436
Latex Allergy (Y/N): N	05/14/16 - 0436


Pharmacy Allergy List (Coded Allergies), historical data:

05/16/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record


HENDERSON, [REDACTED] L
10/01/13 2Y 10M
Haynes, Andrew T M.
K32670325 08/18/16

Willis Knighton South and Center for Women's Health

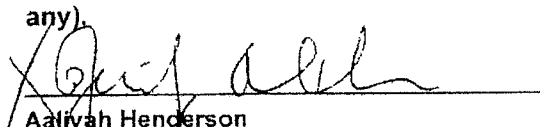
Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:** [REDACTED] L**Arrival Date:** 08/18/16 16:15**Care Complete Time:** 08/18/16 16:58

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Willis, Fred, MD**Diagnosis:** Swallowed Foreign Body; Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS
Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Tran, Sharon (Pediatrics) When: Tomorrow	Zithromax J-MAX
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson
MRN # K000629604


ED Physician or Nurse Tomlinson

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

10/01/13 2Y 10M L
Haynes, Andrew T M.
K32670325 08/18/16

FOLLOW UP INSTRUCTIONS

Tran, Sharon, MD (Pediatrics)
318-212-5990
When: Tomorrow

PRESCRIPTIONS

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
Take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter

J-MAX 5-200 mg/5 mL Oral Syrup
Take 1 teaspoonful by ORAL route every 4 hours; 2 ounces

TESTS AND PROCEDURES

Labs
None

Rad
Chest 2 View *routine*

Procedures
None

Other
Call X-Ray Tech



10/01/13 2Y 10M L
Haynes, Andrew T M.
K32670325 08/18/16



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 08/18/16
Admission Time 1615



AM0005



10/01/13 2Y F
Haynes, Andrew T M.D.
K32670325 08/18/16

AM3349_1
Page 1 of 2



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 Signature of Patient/Guardian	 Date/Time	 Guardian	 Date/Time	 Witness	 Date/Time
 Print Name		 Print Name		 Print Name	

If Patient/Guardian is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 08/18/16
 Admission Time: 1615
 AM3349_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM0005



10/01/13 2Y F
 Haynes, Andrew T M.D.
 K32670325 08/18/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32553133

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Easterling, David R M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32553133
ROOM:
STATUS: REG ER

DATE: 07/16/16
TIME: 1931
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#: 338-89-3614

PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISH

BIRTHDATE: 10/01/13
AGE: 2Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714

PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments:

Reason for Visit: COLD SYMPTOMS

Admit Clerk: SAFFED2.A

Baby ID#:

Known Drug Allergies: NKDA

HIPPA Notice Given: Y

Date Notice Given: 09/23/14

Device Id: AMSPC6

Interpreter ID Number:

Patient Survey: U

Preferred Language:

Ethnicity: NHILAT

Do you have an advaced directive that you would like to present to us today? U



K32553133

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 2 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 07/16/2016 Time: 19:31

Bed 6

MRN: 1116206

Account#: K32553133

Private MD: none, none

HPI:

07/16 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold et3

20:15 Symptoms.

20:15 The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, et3
diarrhea, that is continuous, earache, pt mother reports pulling ears, fever, that is subjective, with an
emergency department temperature of 99 degrees Fahrenheit. Onset: The symptoms/episode
began/occurred today. Associated signs and symptoms: Pertinent positives: congestion, cough, diarrhea,
earache, fever, nasal discharge, Pertinent negatives: constipation, headache, seizure, shortness of breath,
sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the
patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not
experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhaler
- **PMHx:** Asthma
- **PSHx:** None

Historical:

19:51 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sc7
up to date. Social history: The patient lives with family the patient is a minor.

20:15 History obtained from mother. The history from nurses notes was reviewed and confirmed. et3

ROS:

20:15 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned et3
below. **Eyes:** Negative for injury, pain, swelling, redness, and discharge. **Neck:** Negative for injury, pain,
stiffness, swelling **Cardiovascular:** Negative for edema **Respiratory:** Negative for shortness of breath,
cough, wheezing, and pleuritic chest pain, **Back:** Negative for injury, deformity, decreased range of motion,
and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury,
pain, swelling, decreased range of motion **Skin:** Negative for injury, rash, lesions, and discoloration, **Neuro:**
Negative for altered mental status, weakness, and seizure, **Psych:** negative for acute changes.
Constitutional: Positive for coughing, fever, acute pain. Negative for chills, obvious distress, poor PO
intake, shortness of breath, vomiting. **ENT:** Positive for nasal discharge, pulling at ears, rhinorrhea, sinus
congestion, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, sore throat, tinnitus.
Abdomen/GI: Positive for diarrhea, Negative for nausea, vomiting, constipation, abdominal cramps,
anorexia, hematemesis, black/tarry stool, rectal pain, rectal bleeding, bowel incontinence, flatulence.

Exam:

20:15 et3

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales,
rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Physician Documentation Con't.

Abdomen/GI: Soft, non-tender with normal bowel sounds. Non-distended. no masses. No organomegaly. No guarding or rebound. No hernia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal. no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion without pain

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: No CVA tenderness. No bladder tenderness or distension.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, no abrasion, no erythema, no puncture, no cellulitis, no swelling, no contusion, no pain with movement. Ear canal(s): are normal, clear, no bloody discharge, no cerumen impaction, no erythema, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, dullness, is not appreciated. erythema, that is moderate. on the left, fluid levels, is not appreciated, hemotympanum, is not appreciated. loss of bony landmarks, is not appreciated, rupture, is not appreciated. Examination of the other ear shows no obvious abnormality. Nose: is normal, no abrasion, no bleeding, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling. Mouth: is normal, no gum abnormalities, no lip abnormalities. no mucosal abnormalities, no tongue abnormalities. Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions. no swelling.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
19:33		127	24	99.0(TE)	100% on R/A	12.42 kg / 27 lbs 6 oz	38 in. (97 cm)	0/10	It3

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
19:33	spontaneous(4)	oriented(5)	obeys commands(6)		15	It3

MDM:

19:46 Patient medically screened.

raa

20:15

et3

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

20:27

raa

Differential diagnosis: bacterial infection, bronchitis, gastroenteritis, URI, viral infection, otitis media. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data interpreted: Pulse oximetry: normal.

ED course: MDM- ed eval consistent with benign otitis media with diarrhea. do not suspect mastoiditis, bowel obstruction, dehydration, nor electrolyte abnormality.

Disposition:

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32553133

Physician Documentation Con't.

20:15 This chart was scribed by Turner, Elaina, Scribe. in the presence of Richard Aycock II MD.
20:27 Electronically signed by: R Aycock MD.

et3
raa

Disposition:

07/16/16 20:29 Discharged to Home/Self Care. Impression: Otitis Media, Diarrhea.

- Condition is Stable.
- Discharge Instructions: Diarrhea. Home Care Instructions, Ear - Middle. Infection (Otitis Media), Child, Fever, Child (with Dosage Charts).
- Prescriptions for
Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
- take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter.
- Follow up: Tots to Teens Clinic Willis-Knighton; When: 2 days; Reason: Recheck today's complaints, Or sooner if you get worse.
- Problem is new.
- Symptoms have improved.

Signatures:

Aycock II, Richard, MD
Courtney, STEVEN, RN

MD raa
RN sc7

Trickett, Lauren, RN
Turner, Elaina, Scribe

RN lt3
Scribe et3

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32553133
Page 3 of 3

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 07/16/2016 Time: 19:31
Bed 6

Willis Knighton South

MRN: 1116206
Account#: K32553133
Private MD: none, none

Presentation:

07/16 Preferred language for medical communication is English. Presenting complaint: Mother states: "She has been tugging at her ears and won't eat." Presenting complaint: Mother states: Temp of 102 @ 1800 treated with Tylenol. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury. Care prior to arrival: Medications: Tylenol. @ 1800.
19:38 Acuity: 4 - Semi-Urgent.
19:39 Method of Arrival: Ambulatory.

Triage Assessment:

19:33 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Inhl
- **PMHx:** Asthma
- **PSHx:** None

Historical:

19:51 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with family the patient is a minor.
20:15 History obtained from mother. The history from et3 nurses notes was reviewed and confirmed.

Screening:

19:33 **Abuse screen:** Denies threats or abuse. Denies injuries from another. there are no obvious signs of child abuse.
Patient fall risk assessment: risks identified; None.
Learning Barriers: No barriers to teaching and learning identified.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: None identified.

Assessment:

19:48 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, laughing, playing, smiling, Patient noted to be playing with toy, climbing on bed, mother having to constantly remind patient to "calm down". mobility: ambulates without assistance Reports fever for 0-12 hours. **Neuro:** Level of Consciousness is alert, awake, obeys commands, appropriate to pain. Oriented to person, place, time. **EENT:** Sclera/Cornea are clear in inner aspect of conjunctiva of right eye and inner aspect of conjunctiva of left eye Nares are clear bilaterally Oral mucosa is moist. Parent/caregiver reports the patient having nasal discharge that is watery for 2 day(s). **Cardiovascular:** Capillary refill < 3 seconds in bilateral fingers Heart tones S1 S2 present. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent. **Gastrointestinal:** Reports diarrhea, for 1 day(s) "Her boo boo been running today a little bit" Denies vomiting. **Genitourinary:** Parent/caregiver reports the patient having "She's had her normal amount of wet diapers, I've been giving her a lot of Powerade". **Dermatologic:** Skin is intact, is healthy with good turgor. Skin is dry, Skin is pink, warm & dry. **Musculoskeletal:** No deficits noted. Range of motion intact in all extremities. Circulation, motion, and sensation intact.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
19:33		127	24	99.0(TE)	100% on R/A	12.42 kg / 27 lbs 6 oz	38 in. (97 cm)	0/10	It3

Vitals:

Nurse's Notes Con't

19:33 Acuity: 4 - Semi-Urgent.
20:41 Body Mass Index = 13.2.

lt3
sc7

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
19:33	spontaneous(4)	oriented(5)	obeys commands(6)		15	lt3

ED Course:

19:31 Patient arrived in ED. ms2
19:31 Patient moved to KIOSK. ms2
19:39 none, none, MD is Private Physician. lt3
19:39 Triage completed. lt3
19:39 Patient moved to Waiting. lt3
19:45 Courtney, STEVEN, RN is Primary Nurse. sc7
19:45 Patient moved to 6. sc7
19:46 Aycock II, Richard, MD is Attending Physician. raa
19:51 playing. ER nurse to see patient. sc7
19:51 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. sc7
20:29 Willis-Knighton, Work Kare - Bossier is Referral Physician. raa
20:29 Referral Physician role handed off by Willis-Knighton, Work Kare - Bossier. raa
20:29 Willis-Knighton, Tots to Teens Clinic is Referral Physician. raa
20:41 No procedures done that require assistance. sc7

Administered Medications:

No medications were administered

Outcome:

20:29 Discharge ordered by MD. raa
20:41 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, fever management. Demonstrated understanding of instructions, medications, Prescriptions given; 1. No questions or concerns expressed to me at discharge. **Medication reconciliation form provided. Med Effects:** Patient recieved no medications during this visit. **Oxygen use:** Oxygen use not applicable. sc7
20:42 Electronic medical record closed. sc7

Signatures:

Aycock II, Richard, MD	MD	raa	Scriptuser. MEDHOST	ms2
Trickett, Lauren, RN	RN	lt3	Courtney, STEVEN, RN	RN sc7
Turner, Elaina, Scribe	Scribe	et3		

RUN DATE: 05/16
RUN TIME: 1940
RUN USER: SAFFED2.AM

Willis Knighton South *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 09M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32553133 EPI#: 000000001116206

Last Update/
Acknowledgement:


Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKDA	05/14/16 - 0436
Allergy2-Med/Contact: NKDA	05/14/16 - 0436
Food Allergies-Intol: NKFA	05/14/16 - 0436
Latex Allergy (Y/N): N	05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY


[REDACTED] L
10/01/13 2Y 09M
Easterling, David R
K32553133 07/16/16

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record


Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:****Arrival Date:**

07/16/16 19:31

Care Complete Time:

07/16/16 20:29

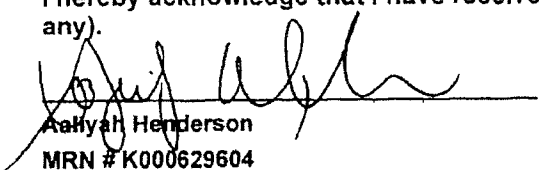

 HENDERSON, Aaliyah L
 10/01/13 2Y 03M
 Easterling, David R 07/16/16
 K32553133

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Aycock II, Richard, MD**Diagnosis:** Otitis Media; Diarrhea

DISCHARGE INSTRUCTIONS	FORMS
Diarrhea, Home Care Instructions Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts)	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Willis-Knighton, Tots to Teens Clinic (Pediatrics) When: 2 days; Reason: Recheck today's complaints, Or sooner if you get worse	Amoxicillin
SPECIAL NOTES	
tylenol and motrin for fever. plenty of fluids, especially pedialyte.	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


 Aaliyah Henderson
 MRN # K000629604


 ED Physician or Nurse
X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

Willis-Knighton, Tots to Teens Clinic (Pediatrics)

845 Olive St

Shreveport, LA 71104

318-226-4892

When: 2 days

Reason: Recheck today's complaints, Or sooner if you get worse

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

Take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

None

Other

None



HENDERSON [REDACTED] L
10/01/13 2Y 09M
Easterling, David R
K32553133 07/16/16



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered to the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 07/16/16

Admission Time: 1931

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AM0005



10/01/13 2Y F
Easterling, David R M.D.
K32553133 07/16/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Grantor	Witness
Date/Time	Date/Time	Date/Time
Print Name	Print Name	Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 07/16/16
Admission Time: 1931
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Revised 10/01/2013
Committee Approved 12/13/2013
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AM0005



10/01/13 2Y F
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9

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32414732

GUARANTOR: ALEXANDER,JENNIFER

NEXT OF KIN: ALEXANDER,JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Sullivan, Michael J M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32414732

DATE: 06/04/16

UNIT#: K000629604

ROOM:

TIME: 0824

F/C: MA

STATUS: REG ER

SERV/LOC: ERS

SS#: 338-89-3614

PATIENT: [REDACTED] L

BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

AGE: 2Y

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER,JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS WHEEZING
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: ALEXAJ.AM



K32414732

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 2 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 06/04/2016 Time: 08:17

Bed 9

MRN: 1116206

Account#: K32414732

Private MD: Allen, Scott

HPI:

06/04 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of **Wheezing > 1** am12
09:33 **Year, Cold Symptoms.**

09:33 The patient presents to the emergency department with cough, described as moderate, fever, that is am12
subjective, that was measured at 100.3 degrees Fahrenheit, rhinorrhea, wheezing, described as moderate.
Onset: The symptoms/episode began/occurred acutely, 2 day(s) ago. Associated signs and symptoms:
Pertinent positives: cough, fever, nasal discharge, wheezing. Pertinent negatives: abdominal pain, body
aches, chest pain, congestion, constipation, diarrhea, dysuria, earache, headache, myalgias, seizure,
shortness of breath, sore throat, vomiting. Modifying factors: The patient symptoms are alleviated by
nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer, for
1 days, every 4 hours. The patient has experienced similar episodes in the past. The patient has been
recently seen by a physician: Dr. Scott Allen The patient has been recently been admitted at Willis Knighton,
for similar complaints, 4 weeks ago. Dx with bronchitis.

Historical:

- **Allergies:** No known drug Allergies:
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed
- **PMHx:** Bronchitis; Asthma; Ear infections
- **PSHx:** None

Historical:

08:28 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sd3
up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient
is a minor.

09:33 The history from nurses notes was reviewed and confirmed. am12

ROS:

09:33 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned am12
below.

10:10 **Eyes:** Negative for injury, pain, redness, and discharge, **Neck:** Negative for injury, pain, swollen nodes, am12
stiffness **Cardiovascular:** Negative for chest pain and edema, **Abdomen/GI:** Negative for abdominal pain,
nausea, vomiting, diarrhea, poor PO intake, and constipation, **Back:** Negative for injury and pain, **GU:**
Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury and deformity,
Skin: Negative for rash, changes **Neuro:** Negative for headache, weakness, mental status changes, and
seizure, **Psych:** Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations.
Constitutional: Positive for coughing, fever, Negative for body aches, chills, acute pain, poor PO intake,
shortness of breath, tearful, vomiting. **ENT:** Positive for nasal discharge, Negative for foreign body sensation
of the ears, hearing loss, injury or acute deformity, difficulty handling secretions, difficulty swallowing,
hoarseness, nose bleed, pulling at ears, sinus congestion, sinus pain, sore throat, tinnitus, dental pain.
Respiratory: Positive for cough, wheezing, Negative for dyspnea on exertion, hemoptysis, orthopnea,
pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production.

Exam:

10:10 am12

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.

Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or
axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal

Physician Documentation Con't.

PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal speech and gait for age.

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. alert, well developed, well groomed, well hydrated, well nourished. non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, Ear canal(s): are normal, TM's: erythema, that is marked, on the left, Nose: is normal, Mouth: is normal, Posterior pharynx: is normal.

Neck: External neck: is normal, C-spine: appears grossly normal, JVD: is not appreciated, Thyroid: appears normal, Trachea: is midline with no obvious abnormalities. ROM/movement: is normal. Lymph nodes: no appreciated lymphadenopathy.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, Breath sounds: are normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:17		155	17	98.9(TE)	98% on R/A	13.15 kg / 28 lbs 16 oz	38 in. (97 cm)		alt1
11:36		128	28 Spontaneous		99% on R/A				smc

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
08:17	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

MDM:

10:10

am12

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Data interpreted:

Pulse oximetry: normal. on room air observed by me at the triage is 98 %.

10:29

am12

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

11:27 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

mjs

Data reviewed: radiologic studies, plain films.

11:28 Patient medically screened.

mjs

Order	Status	Time	By	For
Albuterol 1 unit dose Inhalation once	Ordered	06/04/16 09:41	sd3	mjs

Name: Aaliyah

MRN: 1116206

Account#: K32414732

Print Time: 10/1/2019 10:27:39

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Physician Documentation Con't.

		Administered	06/04/16 09:41	sd3
Notes:		Order Method: Verbal - Read back		
		Sign off: Sullivan, Michael 06/04/16 10:30		
06/04/16 09:41	Administered: Albuterol 1 unit dose Inhalation over 10 mins			sd3
06/04/16 11:22	Follow Up: Response: Respiratory status improved; Tolerated well			bf1
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	06/04/16 10:30	mjs	mjs
	Completed	06/04/16 10:35	Steven Clinger	
Notes:		Order Method: Electronic		
Order	Status	Time	By	For
Chest 1 View	Ordered	06/04/16 10:30	mjs	mjs
	Reviewed	06/04/16 11:25	Michael Sullivan	
Notes: Bed Name: 9		Order Method: Electronic		
Interpretation: radiology report reviewed.				
ER EXAM ROOM/BED: (OERDERRMBD): 9				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Wheezing > 1 Year				

Order Signatures:

Sullivan, Michael, MD MD mjs Lee, Susan, RN RN sd3

Disposition:

10:29 This chart was scribed by Mcinnis, Ashleigh, Scribe. in the presence of Michael Sullivan MD. am12
11:27 Electronically signed by: Michael Sullivan M.D. mjs

Disposition:

06/04/16 11:28 Discharged to Home/Self Care. Impression: Bronchiolitis - mild.

- Condition is Stable.
- Discharge Instructions: Bronchiolitis.
- Prescriptions for
 - Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution
 - take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5; 21 milliliter.
 - Albuterol Sulfate 2.5 mg /3 mL (0.083 %) Inhalation Solution for Nebulization
 - inhale 1 unit by NEBULIZATION route 3 times per day As needed; 1 box.
- Follow up: Scott Allen; When: Next week.
- Problem is new.
- Symptoms have improved.

Signatures:

Clinger, Steven, RN RN smc Sullivan, Michael, MD MD mjs
Lee, Susan, RN RN sd3 Tomlinson, Amy, RN RN alt1

Name: Aaliyah

MRN: 1116206
Account#: K32414732
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Physician Documentation Con't.

McCinnis, Ashleigh, Scribe

Scribe am12

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K32414732

Print Time 10/1-2019 10:27:39

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Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10-01/2013
Arrival Date: 06/04/2016 Time: 08:17
Bed 9

Willis Knighton South

MRN: 1116206
Account#: K32414732
Private MD: Allen, Scott

Presentation:

06/04 alt1
08:17 Method of Arrival: Ambulatory.
08:17 Preferred language for medical communication is English. Presenting complaint: Mother states: "She's been wheezing. I've been giving her a treatment every 4 hours. Her nose been running, and coughing, and fever". alt1
Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: albuterol nebulizer, last dose @ 0600.
08:22 Acuity: 3 - Urgent. alt1

Triage Assessment:

08:17 **General:** Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is appropriate for age, playing, smiling. **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. alt1

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed
- **PMHx:** Bronchitis; Asthma; Ear infections
- **PSHx:** None

Historical:

08:28 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother. The patient speaks appropriately for age, the patient is a minor. sd3

09:33 The history from nurses notes was reviewed and confirmed. am12

Screening:

08:17 **Abuse screen:** alt1
there are no obvious signs of child abuse.
Patient fall risk assessment;
risks identified; None.
Learning Barriers:
No barriers to teaching and learning identified.

Pedi Fall Risk

None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

08:28 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 4 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, mobility; ambulates without assistance Reports she has been wheezing and having a fever up to 100.3 since yesterday. I have been giving her treatments but it keeps flaring back up. **General:** Reports grandmother reports she was admitted about 4 weeks ago for similar reasons. **Neuro:** Level of Consciousness is alert, awake, Oriented to person. **EENT:** Parent/caregiver reports the patient having nasal discharge that is watery. **Cardiovascular:** Capillary refill < 3 seconds. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, Parent/caregiver reports the patient having wheezing. **Dermatologic:** Skin is dry, Skin is normal. **Musculoskeletal:** No deficits noted. sd3

09:35 **Respiratory:** Breath sounds with wheezes upon exhalation, bilaterally, in right upper lobe, left upper lobe, left posterior upper lobe, right posterior upper lobe, left posterior lower lobe, right posterior lower lobe, left posterior base and right posterior base. sd3

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:17		165		98.9(TE)	98% on R/A	13.15 kg / 28 lbs 16 oz	38 in. (97 cm)		alt1
11:36		128	28		99% on R/A				smc

Nurse's Notes Con't

			Spontaneous						
--	--	--	-------------	--	--	--	--	--	--

Vitals:

08:17 Acuity: 3 - Urgent.

alt1

11:36 Body Mass Index = 13.98.

smc

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
08:17	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

ED Course:

08:17 Patient arrived in ED.

ms2

08:17 Patient moved to KIOSK.

ms2

08:17 Allen, Scott is Private Physician.

alt1

08:22 Triage completed.

alt1

08:22 Patient moved to Waiting.

alt1

08:24 Patient moved to 9.

sd3

08:28 Lee, Susan, RN is Primary Nurse.

sd3

08:34 Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.

sd3

09:53 Sullivan, Michael, MD is Attending Physician.

mjs

10:49 Patient moved to Radiology.

jcm

10:49 Chest 1 View Sent.

jcm

11:02 Patient moved to 9.

md

11:27 Allen, Scott is Referral Physician.

mjs

11:36 No procedures done that require assistance.

smc

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantities</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
09:41	Albuterol 1 unit dose		Inhalation		10 mins			sd3
11:22	Follow up: Response: Respiratory status improved; Tolerated well							bf1

Outcome:

11:28 Discharge ordered by MD.

mjs

11:36 Discharged to home, ambulatory, with family. Discharge instructions given to patient, family, Instructed on discharge instructions, follow up and referral plans, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge.

smc

Medication reconciliation form provided. Med Effects: Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

11:37 Electronic medical record closed.

smc

Signatures:

Clinger, Steven, RN

RN smc

Sullivan, Michael, MD

MD mjs

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32414732
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Nurse's Notes Con't

Mathews, Janet, RN	RN	jcm	Durr, Melinda, RT	RT	md
Lee, Susan, RN	RN	sd3	Scriptuser, MEDHOST		ms2
Tomlinson, Amy, RN	RN	alt1	Figueiredo, Brittani, RN	RN	bf1
McCinnis, Ashleigh, Scribe		Scribe am12			

Name: Aaliyah [REDACTED]

Print Time 10/1/2019 11:37:25

MRN: 1116206
Account#: K32414732
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WILLIS-KNIGHTON SOUTH
Account: K32414732
Patient: [REDACTED] L
Order Dr: Sullivan, Michael J M.D.

EPI: 000000001116206
XR REPORT
REG ER
DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS WHEEZING
Reason For Exam: Wheezing > 1 Year Interpretive Location: ALBA
Procedure Date: 06/04/2016 Accession Number: 3211554
Procedure: SXR - XR, chest 1 view CPT Code: 71010

IMPRESSION: Normal Chest.

RESULT: CHEST 1 VIEW

Clinical Information: Wheezing > 1 Year

Comparison: 5/14/2016

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass, or effusion. No significant skeletal abnormality is noted.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on Jun 4 2016 11:20A

Willis Knighton PCI **LIVE** (PCI: OE Database WKS)

RUN DATE: 06/07/16
RUN TIME: 0825
RUN USER: ALEXAJ.AM

Ellis Knighton with *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: Serv/Locn: ERS
Unit#: K000629604 Account#: K32414732

DOB: 10/01/13 Age: 2Y 08M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

05/14/16 - 0436

Allergy2-Med/Contact:
NKDA

05/14/16 - 0436

Food Allergies-Intol:
NKFA

05/14/16 - 0436

Latex Allergy (Y/N):
N

05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:

05/16/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

HENDERSON [REDACTED] L
10/01/13 2Y 08M
Sullivan, Michael J
K32414732 06/04/16

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:****Arrival Date:**

06/04/16 08:17

Care Complete Time:

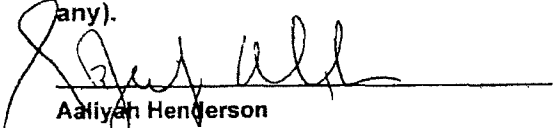
06/04/16 11:28

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Sullivan, Michael, MD**Diagnosis:** Bronchiolitis - mild

DISCHARGE INSTRUCTIONS	FORMS
Bronchiolitis	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Allen, Scott When: Next week	Zithromax Albuterol Sulfate
SPECIAL NOTES	
None	


I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson
MRN # K000629604
ED Physician or Nurse**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy
10/01/13 2Y 08M
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LIYAH L
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FOLLOW UP INSTRUCTIONS

Allen, Scott

When: Next week

PRESCRIPTIONS

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution

Take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5;
21 milliliter

Albuterol Sulfate 2.5 mg /3 mL (0.083 %) Inhalation Solution for Nebulization

Inhale 1 unit by NEBULIZATION route 3 times per day As needed; 1 box

TESTS AND PROCEDURES

Labs

None

Rad

Chest 1 View

Procedures

None

Other

Call X-Ray Tech



10/01/13 2Y 08M L
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**ASSIGNMENT OF BENEFITS**

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 06/04/16

Admission Time: 0824

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ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 Signature of Patient/Guardian	6-4-13 Date/Time	 Guarantor	6-4-16 Date/Time	 Witness	6-4-16 Date/Time
 Print Name		 Print Name	8:24 Date/Time	 Print Name	8:24 Date/Time

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 06/04/16
 Admission Time: 0824
 AM3349_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
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AM0005



10/01/13 2Y F
 Sullivan, Michael J M.D.
 K32414732 06/04/16



Printed: 05/14/2016

FACESHEET

WILLIS-KNIGHTON SOUTH		SHREVEPORT, LA	
ADMITTING DIAGNOSIS:			Code
PRINCIPAL DIAGNOSIS:			
OTHER DIAGNOSES:			
OPERATIONS/OTHER PROCEDURES:			Date
DISCHARGE STATUS:		LENGTH OF STAY	Physician's Signature
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Expired <input type="checkbox"/> AMA <input type="checkbox"/> Autopsy <input type="checkbox"/> SNF/HRF <input type="checkbox"/> OTHER		2 DAYS	Date
Account No.	K32346629	Admission Date	05/14/16
Room/Bed	K.E5514/1	Admission Time	0328
Type	ADM IN	Location/Service	PED
Last INP DATE		Last Discharge Date	03/12/16
Patient		Financial Class	
Name	[REDACTED]	Date of Birth	10/01/13
Street	2247 LEGARDY STREET	Race	BLACK OR AFRICAN A
City/State/Zip	SHREVEPORT, LA 71107	Marital Status	SINGLE
Home Phone	(318)210-3821	Religion	NO RELIGION
County	CADDO PARISH		
Patient Employer		Next of Kin	
Name	CHILD	Name	ALEXANDER, JENNIFER
Street		Street	2247 LEGARDY STREET
City/State/Zip		City/State/Zip	SHREVEPORT, LA 71107
Phone		Phone	(318)210-3821
Occupation	CHILD	Relationship	M
Guarantor		Person to Notify	
Name	ALEXANDER, JENNIFER	Name	ALEXANDER, JENNIFER
Street	2247 LEGARDY STREET	Street	2247 LEGARDY STREET
City/State/Zip	SHREVEPORT, LA 71107	City/State/Zip	SHREVEPORT, LA 71107
Phone	(318)210-3821	Phone	(318)210-3821
SSN	435-59-6369	Relationship	M
Guarantor Employer		Arrival Mode	
Name	JOHNSON'S CARE	Accident Date	
Street	4038 MARRON PLACE	Prim Care Phy	UNKNOWN
City/State/Zip	SHREVEPORT, LA 71109	Attend. Phy	Oji, Greg M.M.D.
Phone	(318)631-7714	Other Phys.	Oji, Greg M.M.D.
Insurance		Group No.	Subscriber
LA HLTHCARE CONN LA ME	Policy Number 1997286459512		
			Benefit Plan
			MEDICAID
Y144016			
Is this Patient Here for Pre-Op Testing?			
Comment:		Admit Clerk: MCMILC.AM	
Notice Given: Y		MEDB Eligible:	
Date Notice Given: 09/23/14			
Reason for Visit: BRONCHIOLITIS			
Preferred Language: ENGLISH		Ethnicity: NHILAT	
Known Drug Allergies: NKDA		Patient Survey: N	





WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist Progress Note

D/C Summary

Date: 5/16/16 Time: Name:

Interval History: Resting in ☐ bed ☒ chair ☐ crib ☒ No new problems/complaints☐ Other: MRA, Afebrile, good appetiteMeds: ☒ Reviewed Remarks☐ Discussed Assessment/Plan with ☐ patient ☒ family at ☒ bedside ☐ per phoneROS: ☐ 10 systems reviewed otherwise Negative

Positive:

Interval Physical Exam:

Vitals: temp 97.9 HR 105 RR 24 O2 sat 100 RA

General: ☒ Well-hydrated ☐ WN ☒ NAD ☒ Nontoxic ☒ Remarks playfulHEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☒ Conjunctiva clear☒ No rhinorrhea/congestion ☐ Nasal flaring ☒ Tympanic membranes normal bil ☒ Oral mucosa moist ☒ Pharynx normal☐ RemarksNeck: ☒ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ RemarksHeart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ RemarksLungs: ☒ Normal ☒ CTA bil ☒ Unlabored Air movement: ☒ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ RemarksAbdomen: ☒ Normal ☐ Soft ☐ Non-tender ☐ Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenomegaly☐ Masses ☐ RemarksExtremities: ☒ Normal ☐ Cyanosis ☐ Capillary refill less than 2 seconds ☐ Edema ☐ Pulses☐ RemarksMusculoskeletal: ☐ Normal ☐ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ RemarksSkin: ☐ Normal ☒ Warm/dry ☐ Rash ☐ RemarksNeuro: ☐ Normal/nonfocal ☐ Warm/dry ☐ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact☐ RemarksLab: ☐ Reviewed ☐ Abnormals

Ca 10

Segs 77

141	110	5	<94
5.1	21	0.3	

Alb AstAlt

Bands 8

Alk/Phos

9.8

Lymphs 20

T/Dbili

38.5

Other: UA @ report urine ex @ + date chro @
w/nd Resp panel: Rhino/Ent @

Impression: 24/10 - Acute asthma exacerbation,
WNL, B/L AOM, Sp acute Resp distress.
Improved clinically c IV steroids, Mx subx1,
All labs, suppurative ear cleared.
Pneumonia x 2 doses dicyclanil.
Turned asthma. Resp distress resolved.

Plan: ☒ See orders ☒ Continue medical management☐ Recommendations per consultant/s:☒ Follow labs ☐ O2, Respiratory Therapy☒ Continue antibiotics, Day #3/acyclo☐ Continue therapy/Rehab ☒ Nutrition support

D/C home today on PO steroids

x 3 days Abx/steroids

Flu c Plavix look

Physician Signature

Date/Time

☒ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)

D/C Dx: Acute asthma exacerbation

acute Resp distress

WNL



PN0005

PN650_1

Devised 05/01/2015

Committee Approved 05/11/2015

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AOM B/L



10/01/13 2Y 07M

Oji, Greg M M.D.

K32346629

L

K.E5514

05/14/16

111 10 0010 0010 0010 0010 0010 0010



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist History and Physical

Patient Name: Henderson Aaliyah Date: 5/14/16 Time: 2 pmPCP: LSU Source of Information: GrandmaChief Complaint: Cough - wheezing.

History of Present Illness: 2 year old female born preterm at 24-26 weeks via C/S with 3 month NICU stay, DMHx of multiple PICU hospitalizations for respiratory distress who developed runny nose, cough and wheezing 2 days pta. Grandma gave her repeated treatments with albuterol nebs but she continued to have increased work of breathing. She was then brought to WKSER.

ROS: (+) Cough. (+) wheezing. (+) Eczema. (-) vomiting.
Decreased PO intake.

Past Medical/Birth History: ☐ Unremarkable ☐ Other Born preterm at 24-26 weeks via C/S at LSU, NICU x 3 months, (+) intubation. multiple admissions for asthma, (+) PICU.

Past Surgical History: NoneAllergies: ☒ NKDA ☐ OtherImmunizations: ☒ UTD ☐ OtherFamily History: ☐ Noncontributory ☐ Other Mom had childhood asthmaSocial History: ☒ Lives at home with parents ☐ Attends school Dad smokes.☐ Other

26yo [] 26yo
 asthma

Smoker 29m



HP0005



10/01/13 2Y 07M
 Oji, Greg M.D.
 K32346629

K.E5514
 05/14/16



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist History and Physical continued

General: ☐ None ☐ Fever ☒ Decreased appetite/oral intake ☐ Decreased activity ☒ Fussy ☐ Other _____

HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☒ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c
☐ Sore throat ☐ Other _____

Cardiovascular: ☐ None ☐ Cyanosis ☐ Chest pain _____

Respiratory: ☐ None ☒ Cough ☒ SOB ☐ Wheeze ☐ Other _____

GI: ☒ None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other _____

Hematology: ☐ None ☐ Easy bruising ☐ Epistaxis ☐ Other _____

Neuro: ☐ None ☐ Headache ☐ Syncope ☐ Seizures ☐ LOC ☐ Other _____

GU: ☐ None ☐ Decreased urine ☐ Dysuria ☐ Discharge ☐ Other _____

Physical Exam: (+) edema 10 Systems reviewed: otherwise unremarkable

Vitals: Temp 97.8 HR 180 RR 42 O2 sat 96% ^{NC₂} Wt 13.6 kg

General: ☒ Well-hydrated ☐ WN ☐ NAD ☒ Nontoxic ☐ Remarks (+) fussy

HEENT: ☐ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☐ PERRL ☒ Conjunctiva clear
☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tympanic membranes normal bil ☐ Nasal mucosa moist ☐ Pharynx normal
☐ Remarks TMS shows erythema and middle ear effusion.

Neck: ☒ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention
☐ Remarks _____

Heart: ☐ Normal ☒ S1S2 ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ good ☒ fair ☐ poor ☒ Wheeze (end expiratory/inspiratory)
(+) retractions

Abdomen: ☒ Normal ☐ Soft ☐ Non-tender ☐ Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenomegaly
☐ Masses ☐ Remarks _____

Extremities: ☐ Normal ☐ Cyanosis ☐ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses
☐ Remarks _____

Musculoskeletal: ☐ Normal ☐ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☐ Normal ☐ Rash ☐ Remarks _____

Neuro: ☐ Normal/nonfocal ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact
☐ Remarks _____

GU: ☐ Normal male/female genitalia Testes descended: ☐ Right ☐ Left
☐ Remarks _____

SMOJ 2977



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Oji, Greg M M.D.
K32346629

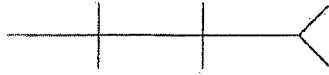
K.E5514
05/14/16

100 10 1010 1010 1010 1010 1010 1010 1010 1010

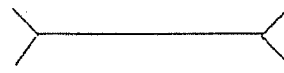


Pediatric Hospitalist History and Physical continued

LAB: ☐ Reviewed ☐ Abnormals



Ca _____
Alb _____ AstAlt _____
Alk/Phos _____
T/Dbili _____



Segs _____
Bands _____
Lymphs _____

☒ CXR: Unremarkable

☐ Cultures

Other: Assessment: 24 year old female with acute asthma exacerbation and O2 on media - in moderate respiratory distress.

Plan: Albuterol nebs Q2hr, Steroid IV, Magnesium Sulfate IV, Nfluidr.

☐ See orders ☐ Continue medical management ☐ Follow labs ☒ O2, Respiratory Therapy (BCU, Bmp).

☒ IV Fluids Discussed assessment & plan with ☐ Patient ☐ Family

☐ IV antibiotics: _____

☐ Consults: _____

☐ Remarks: _____

SMOji 5/14/16 2pm

Physician Signature

Date/Time

☐ Sharon Tran, M.D.(2944) ☒ Greg Oji, M.D. (2977)



HP0005



10/01/13 2Y 07M
Oji, Greg M M.D.
K32346629

K.E5514
05/14/16

Physician Documentation**Willis Knighton South****Name:** Aaliyah [REDACTED]**Age:** 2 years **Sex:** Female **DOB:** 10/01/2013**Arrival Date:** 05/14/2016 **Time:** 02:08**Bed** 3**MRN:** K000629604**Account#:** K32346629**Private MD:** LSU HOSPITAL, LSU**HPI:**

05/14 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Cold Symptoms. sd5
 02:13
 02:16 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Cold Symptoms. sd5
 02:13 cold sx, fever. Onset: The symptoms/episode began/occurred yesterday. Severity of symptoms: At their sd5
 worst the symptoms were mild. Associated signs and symptoms: None:
 02:16 Had wheezing, retracting PTA- SPO2 at Triage was 86%. sd5

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed
- **PMHx:** Bronchitis; Asthma; Ear infections
- **PSHx:** None

Historical:

02:13 The history from nurses notes was reviewed and confirmed. sd5
 02:20 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations ldd up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

ROS:

02:13 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned sd5 below. **Eyes:** Negative for injury, pain, redness, and discharge, **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:** Negative for chest pain, palpitations, and edema, **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, **Back:** Negative for injury and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury and deformity, **Skin:** Negative for injury, rash, and discoloration, **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure, **Psych:** Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations, **Allergy/Immunology:** Negative for hives, rash, and allergies, **Endocrine:** Negative for neck swelling, polydipsia, polyuria, polyphagia, and marked weight changes, **Hematologic/Lymphatic:** Negative for swollen nodes, abnormal bleeding, and unusual bruising.

Exam:

02:17 sd5

Head/Face: Normocephalic, atraumatic.**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.**ENT:** Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla**Chest/axilla:** Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.**Cardiovascular:** Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.**Back:** No spinal tenderness. No costovertebral tenderness. Full range of motion.**Skin:** Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

Physician Documentation Con't.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait.

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: Normal external genitalia.

Chest/axilla: Inspection:

Respiratory: Respirations: normal, accessory muscle usage, that is moderate, nasal flaring, that is mild, Breath sounds: wheezing, is heard diffusely.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
02:16		165	40		86%	13.61 kg / 30 lbs 0 oz		ldd
02:19		168		98.5(R)	100% on 15 lpm Aerosol Mask			ldd
02:36		164			100% on Aerosol Mask			jag
02:54					97% on R/A			jag
02:55		196	30		98% on R/A			jag
03:09		158			98% on R/A			jag
03:28		184	35 Spontaneous		96% on R/A			jag
03:42				101.1(R)	99% on R/A			jag

03:42 ED MD Denham notified.

jag

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:16	spontaneous(4)	oriented(5)	obeys commands(6)		15	ldd

MDM:

02:14 Patient medically screened.

sd5

03:00 Differential Diagnosis viral infection, bacterial infection, URI, bronchitis, pneumonia, UTI, gastroenteritis, meningitis.

sd5

Data reviewed: vital signs, nurses notes.

Response to treatment: the patient's symptoms have mildly improved after treatment, STILL WITH MILD RETRACTIONS, NASAL FLARING- MUCH IMPROVED BUT I FEEL NEEDS ADMIT.

Physician consultation: Dr. Greg Oji MD was called at 03:00, was contacted at 03:00, regarding admission, and will see patient in inpatient room.

Order:	Status	Time	By	For
Chest 1 View	Ordered	05/14/16 02:16	sd5	sd5
	Reviewed	05/14/16 03:15	Denham, Sean, MD	
Notes: Bed Name: 3	Order Method: Electronic			
ER EXAM ROOM/BED: (OERDERRMBD): 3				
Is the patient able to bear weight? (OERDBEARWT):				
Is the patient at risk for falls? (OERDFALLS):				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				

Name: Aaliyah Henderson

MRN: K000629604
Account#: K32346629

Print Time: 5/16/2016 09:47:40

Page 2 of 4

Physician Documentation Con't.

O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation every 15 minutes x2	Ordered	05/14/16 02:16	sd5	sd5
	Administered	05/14/16 02:26	jag	
	Administered	05/14/16 02:39	jag	
Notes:	Order Method: Electronic			
05/14/16 02:26 Administration: DuoNeb 1 unit dose Inhalation				jag
05/14/16 02:38 Follow Up: Response: No Adverse Reaction; Tolerated well				jag
05/14/16 02:39 Administration: DuoNeb 1 unit dose Inhalation				jag
05/14/16 02:54 Follow Up: Pulse Ox 97% RA; Response: No Adverse Reaction; Respiratory status improved; Tolerated well				jag
Order	Status	Time	By	For
Orapred 1 tsp PO once	Ordered	05/14/16 02:16	sd5	sd5
	Administered	05/14/16 02:24	jag	
Notes:	Order Method: Electronic			
05/14/16 02:24 Administration: Orapred 1 tsp PO				jag
05/14/16 03:10 Follow Up: Response: No Adverse Reaction; Respiratory status improved; Tolerated well				jag
Order	Status	Time	By	For
COLLECT SWAB	Ordered	05/14/16 02:34	sd5	sd5
	Completed	05/14/16 02:48	Gaddis, Jennifer, RN	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
RSV by PCR	Ordered	05/14/16 02:34	sd5	sd5
	In Process	05/14/16 02:34	Dispatcher MedHost	
	Unspecified			
Notes:	Order Method: Electronic			
Ordering Location: ERSPC100.1				
Order	Status	Time	By	For
Tylenol 1 dose PO once; Per Pedi Fever Standing Orders	Ordered	05/14/16 03:44	jag	sd5
	Administered	05/14/16 03:51	jag	
Notes:	Order Method: Verbal - Read back			
	Sign off:			
05/14/16 03:51 Administration: Tylenol 1 dose PO				jag
05/14/16 03:51 Follow Up: administered just prior to admission. Pediatric RN, Mary is aware and verbalizes understanding.				jag
Order	Status	Time	By	For

Name: Aaliyah

MRN: K000629604
Account#: K32346629

Print Time: 5/16/2016 09:47:40.

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Physician Documentation Con't.

CBC w/ Man Diff	Ordered	05/16/16 07:38	EDMS	
	Returned	05/16/16 07:38	Dispatcher MedHost	
Notes:	Order Method:			
Order	Status	Time	By	For
Basic Metab Pnl	Ordered	05/16/16 07:57	EDMS	
	Returned	05/16/16 07:57	Dispatcher MedHost	
Notes:	Order Method:			
Order	Status	Time	By	For
Viral Resp PCR	Ordered	05/16/16 09:46	EDMS	
	Returned	05/16/16 09:46	Dispatcher MedHost	
Notes:	Order Method:			

Order Signatures:

Denham, Sean, MD MD sd5 Dispatcher MedHost EDMS
Gaddis, Jennifer, RN RN jag

Disposition:

03:00 Electronically signed by: Sean C. Denham, MD. Disposition. sd5
03:14 Electronically signed by: Sean C. Denham, MD. sd5

Disposition:

05/14/16 02:58 Admit ordered for Oji, Greg. Preliminary diagnosis is Bronchiolitis.

- Bed requested for PEDS.
- Condition is Good.
- Problem is chronic.
- Symptoms are unchanged.

Signatures:

Dispatcher MedHost EDMS Davis, Laurie, RN RN ldd
Denham, Sean, MD MD sd5 Gaddis, Jennifer, RN RN jag

Name: Aaliyah [REDACTED]

Print Time: 5/16/2016 09:47:40

MRN: K000629604
Account#: K32346629
Page 4 of 4

Nurse's Notes

Name: Aaliyah
 Age: 2 years Sex: Female DOB: 10/01/2013
 Arrival Date: 05/14/2016 Time: 02:08
 Bed 3

Willis Knighton South

MRN: K000629604
 Account#: K32346629
 Private MD: LSU HOSPITAL, LSU

Presentation:

05/14 Method of Arrival: Carried. ldd
 02:10
 02:15 Preferred language for medical communication is English. Presenting complaint: Mother states: She has been wheezing, having cold symptoms since about 1900 this PM. She has asthma and I have done several treatments. She is running fever as well. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury. Care prior to arrival: Medications: Albuterol Neb. ldd
 02:16 Acuity: 3 - Urgent. ldd

Triage Assessment:

02:16 **General:** Appears uncomfortable, Behavior is appropriate for age, Reports fever for 0-12 hours. Pain: Denies pain. currently is 0 out of 10 on a pain scale. at worst was 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. ldd

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed
- **PMHx:** Bronchitis; Asthma; Ear infections
- **PSHx:** None

Historical:

02:13 The history from nurses notes was reviewed sd5 and confirmed.
 02:20 Family history: No immediate family members ldd are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

Screening:

02:16 **Abuse screen:** ldd
 Denies threats or abuse. Denies injuries from another. there are no obvious signs of child abuse.
Patient fall risk assessment;
 risks identified; None.
Learning Barriers:
 No barriers to teaching and learning identified. caregiver ready and willing to learn.
Pedi Fall Risk
 None Identified.
Exposure risk/Travel Screening:
 None identified.

Assessment:

02:17 **Pain:** Denies pain. currently is 0 out of 10 on a pain scale. at worst was 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. **General:** Appears distressed, uncomfortable, Behavior is appropriate for age, mobility; ambulates without assistance Reports fever for 0-12 hours. **Neuro:** Level of Consciousness is awake, Grips are equal bilaterally Moves all extremities. Facial symmetry appears normal, Pupils are PERRLA. **EENT:** Nares with drainage noted bilaterally. **Cardiovascular:** Capillary refill < 3 seconds is brisk Heart tones S1 S2 present Pulses are all present. **Respiratory:** Respiratory effort is even, with retractions, Respiratory pattern is symmetrical, tachypnea Airway is patent Trachea midline Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally. **Gastrointestinal:** Abdomen is non-distended Bowel sounds present X 4 quads. Abd is soft and non tender X 4 quads. Parent/caregiver reports the patient having normal bowel habits. **Genitourinary:** Parent/caregiver reports the patient having normal urinary habits. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is dry, Skin is pink, warm & dry. normal, Skin temperature is warm. **Musculoskeletal:** No deficits noted. **Injury Description:** denies injury.
 02:56 **Respiratory:** Respiratory effort is even, with retractions, Respiratory pattern is symmetrical, Airway is patent jag Trachea midline Breath sounds with wheezes upon exhalation, bilaterally. Reassessment: Patient states symptoms have improved.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
------	-----	-------	------	------	----------	--------	------	-------

Nurse's Notes Con't

02:16		165	40		86%	13.61 kg / 30 lbs 0 oz	ldd
02:19		168		98.5(R)	100% on 15 lpm Aerosol Mask		ldd
02:36		164			100% on Aerosol Mask		jag
02:54					97% on R/A		jag
02:55		196	30		98% on R/A		jag
03:09		158			98% on R/A		jag
03:28		184	35 Spontaneous		96% on R/A		jag
03:42				101.1(R)	99% on R/A		jag

03:42 ED MD Denham notified.

jag

Vitals:

02:16 Acuity: 3 - Urgent.

ldd

03:29 Body Mass Index =

jag

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:16	spontaneous(4)	oriented(5)	obeys commands(6)		15	ldd

ED Course:

02:08 Patient arrived in ED.

ms2

02:08 Patient moved to KIOSK.

ms2

02:11 LSU HOSPITAL, LSU is Private Physician.

ldd

02:11 Davis, Laurie, RN is Primary Nurse.

ldd

02:11 Patient moved to 3.

ldd

02:12 Denham, Sean, MD is Attending Physician.

sd5

02:17 Pulse ox on. Bedside monitor alarms on and audible.

jag

02:20 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.

ldd

02:33 Patient moved to Radiology.

tmc

02:33 Patient moved to 3.

tmc

02:33 Chest 1 View Sent.

tmc

02:48 RSV culture to lab. Specimen labeled in presence of patient and patient's mother.

jag

02:58 Oji, Greg, MD is Admitting Physician.

sd5

02:58 Waiting for Bed Assignment.

sd5

03:43 No procedures done that require assistance.

jag

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
02:24	Orapred 1 tsp	PO					jag
03:10	Follow up: Response: No Adverse Reaction; Respiratory status improved; Tolerated well						jag

Name: Aaliyah Henderson

MRN: K000629604
Account#: K32346629

Print Time: 5/16/2016 09:47:37

Page 2 of 3

Nurse's Notes Con't

02:26	DuoNeb 1 unit dose	Inhalation				jag
02:38	Follow up: Response: No Adverse Reaction; Tolerated well					jag
02:39	DuoNeb 1 unit dose	Inhalation				jag
02:54	Follow up: Pulse Ox 97% RA; Response: No Adverse Reaction; Respiratory status improved; Tolerated well					jag
03:51	Tylenol 1 dose	PO				jag
03:51	Follow up: administered just prior to admission. Pediatric RN, Mary is aware and verbalizes understanding.					jag

1 - Note: per Lauri Davis, RN .

Intake:**Outcome:**

02:58 Admit ordered by MD. sd5

03:43 Moved to Pediatrics Room # 514, accompanied by tech, family with patient, via wheelchair, with chart, jag
Report called to Daniel, RN , using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions, No questions or concerns expressed to me at discharge. All belongings were taken to the room upon admit. **Medication reconcilliation form provided.**
Med Effects: Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit.

04:08 Electronic medical record closed. jag

Signatures:

Davis, Laurie, RN	RN	ldd	Cook, Tara, RT	RT	tmc
Scriptuser, MEDHOST		ms2	Denham, Sean, MD	MD	sd5
Gaddis, Jennifer, RN	RN	jag			

Corrections:

02:26 ~~02:40~~ ~~Orapred 1 tsp PO.~~ jag jag

03:31 ~~03:30~~ ~~Med Effects:~~ jag jag

03:43 ~~03:42~~ ~~Pulse Ox 99% RA; Temp 101.1F Rectal;~~ jag jag

Name: Aaliyah

Print Time: 5/16/2016 09:47:37

MRN: K000629604
Account#: K32346629
Page 3 of 3

Willis Knighton South

Name: Aaliyah [REDACTED]
 Age: 2 years Sex: Female DOB: 10/01/2013
 Arrival Date: 05/14/2016 Arrival Time: 02:08

MRN: K000629604
 Account#: K32346629

**EMERGENCY DEPARTMENT
 HOME MEDICATION RECONCILIATION**

Allergies: No known drug Allergies

	Home Medication	Route	Dose	Frequency	Last Dose
1	Albuterol	Nebulizer	Unknown	as needed	

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
05/14 02:24	Orapred 1 tsp	PO					jag
03:10	Follow up: Response: No Adverse Reaction; Respiratory status improved; Tolerated well						jag
02:26	DuoNeb 1 unit dose	Inhalation					jag
02:38	Follow up: Response: No Adverse Reaction; Tolerated well						jag
02:39	DuoNeb 1 unit dose	Inhalation					jag
02:54	Follow up: Pulse Ox 97% RA; Response: No Adverse Reaction; Respiratory status improved; Tolerated well						jag
03:51	Tylenol 1 dose ₁	PO					jag
03:51	Follow up: administered just prior to admission. Pediatric RN, Mary is aware and verbalizes understanding.						jag

1 - Note: per Lauri Davis, RN .

Prescriptions:

Prescription	Custom Text
(Nothing entered)	

DISCHARGE INSTRUCTIONS
 Change Home Meds as Follows

ALL ORDERED MEDICATIONS MUST
 BE WRITTEN ON HOSPITAL ORDER
 SHEET.

THIS DOCUMENT *IS NOT*
 A PHYSICIAN ORDER SHEET

RUN DATE: 05/14/16 Willis Knighton South *ADMISSIONS* PAGE 1
RUN TIME: 1024 Discharge Orders/Discharge Medication Reconciliation
RUN USER: GEORGB.NS

WKHS PNEUMOCOCCAL Vaccine Protocol
PREVNAR 13 (Pneumococcal 13 Valent Vaccine)
Administer Year Round

Contraindications (Do NOT administer)
(Check all that apply)

- ☒ Patient does not meet vaccine indications below
- ☐ Patient has received Pneumovax (Pneumococcal 23 Valent) vaccine within the last year
- ☐ Patient has received Prevnar-13 (Pneumococcal) 13 Valent Vaccine
- ☐ Patient refused vaccine
- ☐ Known sensitivity to previous dose of pneumococcal vaccine
- ☐ Known sensitivity to Diphtheria Toxoid containing vaccines

Indications (Check all that apply)

- ☐ 65 years of age or older AND none of the contraindications above
- ☐ 65 years of age or older, pneumococcal vaccination status unknown AND none of the contraindications above

If NO Contraindications
Administer Prevnar-13 (Pneumococcal 13 Valent Vaccine)

☐ 0.5 mL IM

Lot Number: _____ Manufacturer: _____

Date on vaccine information sheet: _____ Vaccine Information Sheet (VIS) given to patient: YES NO

Patient vaccine consent: _____
Patient Signature

*Document administration of vaccine on patient's MAR

Assessment completed by: Amber Taylor RN Date / Time: 5/16/16 800 Printed Name: Amber Taylor

Clarification (by Pharmacy) of Prevnar-13 (Pneumococcal 13 Valent Vaccine order):

- ☐ The patient has received Pneumovax (Pneumococcal 23 Valent) in the last year. Do NOT administer
- ☐ The patient has previously received Prevnar-13 (Pneumococcal 13 Valent). Do NOT administer

Assessment clarification completed by: _____ Date / Time: _____ Printed Name: _____

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: _____ L
Acct#: K32346629
Room/Bed: K.E5514-1
DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

RUN DATE: 05/14/16
 RUN TIME: 1024
 RUN USER: GEORGB.NS

Willis Knighton South *ADMISSIONS*
 Discharge Orders/Discharge Medication Reconciliation

PAGE 2

WKHS Adult Influenza Vaccine Protocol
 INFLUENZA Vaccine [Quadrivalent Inactivated (Killed)]
 Administer September - March
 Contraindications (Do NOT administer)
 (Check all that apply)

- ☒ Patient under age 18 years of age
- ☐ Vaccine not required (April - August)
- ☐ Patient previously immunized this flu season
- ☐ Patient refused vaccine
- ☐ History of serious reaction to vaccine
- ☐ History of allergy to eggs
- ☐ History of Guillain-Barre Syndrome

Indications
 (Check all that apply)

- ☐ 18 years of age or older AND none of the contraindications above

If NO Contraindications
 Administer Influenza (Quadrivalent) Vaccine

☐ 0.5 mL IM

Influenza vaccine given

Lot number: _____ Manufacturer: _____

Date on vaccine information sheet: _____ Vaccine Information Sheet (VIS) given to patient: YES NO

Patient vaccine consent: _____
 Patient's Signature

*Document administration of vaccine on patient's MAR

Assessment completed by: Amber Taylor RN 5/16/16 1300

Date / Time

Printed Name Amber Taylor

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: HENDERSON, [REDACTED] L
 Acct#: K32346629
 Room/Bed: K.E5514-1
 DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

RUN DATE: 05/14/16
RUN TIME: 1024
RUN USER: GEORGB.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 3

Date of Discharge: 5/16/16

Discharge patient to: home

☐ Home Health ☐ Physical Therapy

Diagnosis: Acute Asthma, URI, Acute B/L, S/p acute resp distress

Allergies: NKDA
NKDA

Follow-up: c PUP in 1 week

Diet: reg

Vaccine Protocol:

☒ Follow Flu/Pneumonia Vaccine Protocol

Activity:

☐ Resume normal activity
☐ No driving
☐ Other: _____

☐ Per physician instruction sheet
☐ No climbing stairs
☐ No lifting

Hygiene Restrictions:

☐ No restrictions
☐ Shower only
☐ Tub bath only

☐ Sponge bath only
☐ Other: _____

IV Therapy:

☐ discharge with saline lock in place
☐ discharge with PICC line in place
☐ discharge with central line in place
☐ discharge with port access needle in place

Drainage devices:

☐ discharge with urinary catheter in place
☐ discharge with _____ drain in place
☐ discharge with (other) _____ in place

OR

☐ Complete NIHSS on discharge (WKP only)

2

☐ See physician discharge sheet (attached)



Name: HENDERSON, [REDACTED] L
Acct#: K32346629
Room/Bed: K.E5514-1
DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

Amber Taylor RN 5/16/16 1303

RUN DATE: 05/14/16
RUN TIME: 1024
RUN USER: GEORGB.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 4

DISCHARGE MEDICATION RECONCILIATION

Continue at home? ☒
Please circle

PRN MEDICATIONS

Yes ☒ No

DUONEB (IPRATROPIUM/ALBUTEROL)

1.5 ML INH PRN .Q1H
FOR WHEEZE
(USE VIA INHALATION NEBULIZATION ONLY!)

Change:

Yes ☒ No

TYLENOL (ACETAMINOPHEN)

200 MG (6.25 ML)

PO PRN .Q6H
FOR TEMP > 100.4-F
(DO NOT EXCEED 4,000 MG/24HRS!)

Change:

ADDITIONAL MEDICATIONS (NEW MEDICATIONS)

Orapred (15/5) 5ml PO Q12 x 3 days

Physician Signature: [Signature] 2944

Signature certifies the above discharge order and discharge medications

Date: 5/16/16 Time: 1245pm

Clarifications, if necessary

Physician Signature: _____

(Signature only needed if clarifications are noted)

Date: _____ Time: _____



Name: _____ L

Acct#: K32346629

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

Amber Taylor RN 5/16/16 B03

RUN DATE: 05/14/16
RUN TIME: 1024
RUN USER: GEORGE.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 5

Home Medications NOT An Order

For Information/Comparison Only

ALBUTEROL

.5 UD

HHN

Q 4-6 HR PRN

NOT AN ORDER



Name: [REDACTED] L

Acct#: K32346629

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29



WILLIS-KNIGHTON HEALTH SYSTEM

Date Ordered	Time Ordered	Orders
5/15/16	10:35am	Catch urine: UA, microscopy, culture in comp CBC manual diff, BMP in Am in comp mcgi 29m ✓ 5-15-16 1055 Rocky George RN
5/15/16	12:50pm	↓ iv fluids to KVO change ALOSERN 2.5mg wbs Q4hr ✓ 5-15-16 1300 Rocky George RN PHILIP 5/15/16 1250 mcgi 29m
5/15/16	2030	may leave IV out for now - Abi IV Salumedrol to Preline 15mg PO x 1 TOV Dr Matricano-Lim/Tammy Storey RN 5/15/16 2030 Tammy Storey RN S.M 2344 5/16/16 12m
5-16-16	1045	24 th Chart ✓ Tammy Storey RN 5/16/16 0130 Δ to inpatient admit status TOV Dr. Tran/JRuiloba RN S.M 2344 Noted JRuiloba RN 5-16-16 @ 1045 5/16/16 12m

Prohibited Abbreviation:

IU
MgSO4
MS
MSO4
QD or qd

Please Use:

international unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

Committee Approved Blank Order Form - Must be Hand Written



PO0005



L

Printed: 05/14/2016



WILLIS-KNIGHTON HEALTH SYSTEM

Date Ordered	Time Ordered	Orders
5/14/16	12:40pm	Albuterol 2.5mg nebs Q 3 hr Oramed 15mg PO Q 12hr Resp viral panel Atrovent 0.5mg nebs Q 6hr x 1 day ✓ Id 5-14-16 1310 Becky George, MD SIMJ, 2977
5/14/16	3pm	IV SoluMedrol 30mg x 1 dose Now Oramed 15mg IV Q 12hr Bic Oramed D5 1/2 NS with 20mEq KCl/L @ 55ml/hr Rocephin 700mg IV Q 24hr CBC manual diff, BMP, UA ✓ Id 5-14-16 1520 Becky George, MD SIMJ, 2977
5/14/16	4:45pm	Magnesium En fite 650mg IV x 1 dose BMP, mag, Phos in AM (8am) in lab STAT ✓ Id 5-14-16 1700 Becky George, MD

Prohibited Abbreviation:

IU
MgSO4
MS
MS04
QD or qd

Please Use:

international unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

Committee Approved Blank Order Form - Must be Hand Written

249 Chart - Dennis Thomas RN 5/14/16 2220



P00005



L

Printed: 05/14/2016



WILLIS-KNIGHTON HEALTH SYSTEM

EMERGENCY DEPARTMENT TEMPORARY ORDERS

Henderson

Date/Time 5/14/16 0255 Level of service: ☐ Inpatient admission (expected to stay 2 midnights) ☒ Observation1. Attending M.D. Oji Level of care: ☒ Routine ☐ Telemetry ☐ Step-Down
☐ Critical Care ☐ PICU2. Diagnosis: Bronchiolitis3. Allergies (Including Food): NEA4. Condition: ☒ Good ☐ Fair ☐ Poor5. Vitals: Floor routine with BP every _____; Weigh on admission and ☐ daily☐ Urinary catheter/HOUDINI protocol; I & O every _____ hr; ☐ Neurological checks every _____ hr for _____ hr6. NPO/Diet: Regular7. Activity: Ad lib / Bed rest with bathroom privileges / Up with assistance / Complete bed rest8. Lab/X-Ray: ☐ Bedside glucose _____, do not confirm; call MD if greater than 350 mg/dL or less than 70 mg/dL☐ EKG & Troponin every 6 hours times 2 - reason for exam: _____9. MEDS: ☐ Oxygen via Nasal Cannula 2L/min ☒ Oxygen protocol ☐ Other CMiles PR 5/14/16 0430LV 0.5 00 HNW 010sum
WangCont pulse oximetry*NO IV unless Dr Oji
specifically orders it- Tylenol 15g/kg PO Q6h
7-100.4

10. SALINE LOCK / IV FLUIDS: _____

11. OTHER: _____

12. CONSULT Dr _____

13. Complete care is turned over to Dr Oji on patient's admission to the hospital.
Notify him/her STAT or at _____ of admission/arrival and STAT for any problems or concerns.Spoke to: _____ Physician Signature Denham Printed Name or Dictation #Ultracyc Denham AM - 5/14/16 0530

PO0005

10/01/13 2Y 07M
Denham, Sean C M.D.
K32346629

514

05/14/16



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist Progress Note

Date: 5/15/16 Time: 4pm Name: Henderson AaliyahInterval History: Resting in ☒ bed ☐ chair ☐ crib ☒ No new problems/complaints
☐ Other child is breathing with less effort, has good PO intake, tolerating room air.Meds: ☒ Reviewed Remarks _____☒ Discussed Assessment/Plan with ☐ patient ☒ family at ☒ bedside ☐ per phoneROS: ☒ 10 systems reviewed otherwise Negative Positive: _____

Interval Physical Exam:

Vitals: temp 98.2 HR 122 RR 22 O2 sat 100% NC O2General: ☒ Well-hydrated ☐ WN ☐ NAD ☐ Nontoxic ☐ Remarks _____HEENT: ☐ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☐ PERRL ☒ Conjunctiva clear
☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tympanic membranes normal bil ☒ Oral mucosa moist ☐ Pharynx normal
☐ Remarks _____Neck: ☐ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____Heart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ Good ☒ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi
☒ Wheeze (end expiratory/inspiratory) ☐ Crackles ☒ Retractions ☐ Stridor ☐ Remarks _____Abdomen: ☐ Normal ☒ Soft ☐ Non-tender ☐ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly
☐ Masses ☐ Remarks _____Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses
☐ Remarks _____Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____Skin: ☒ Normal ☐ Warm/dry ☐ Rash ☐ Remarks _____Neuro: ☐ Normal/nonfocal ☐ Warm/dry ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact
☐ Remarks Global Developmental DelayLab: ☐ Reviewed ☐ Abnormals

141	110	4	100
5.2	24	0.21	9.3

Other: mg 2-4 Phos 4.6

Impression: 2 year old female with Acute asthma exacerbation, in mild respiratory distress. Child has improved significantly after mag sulfate IV q2 albuterol, IV SoluMedrol.

S.M.O. 5/15/16 4pm.

Physician Signature _____ Date/Time _____

☐ Sharon Tran, M.D. (2944) ☒ Greg Oji, M.D. (2977)Plan: ☒ See orders ☐ Continue medical management
☐ Recommendations per consultant/s: _____☐ Follow labs ☐ O2, Respiratory Therapy☐ Continue antibiotics, Day # _____☐ Continue therapy/Rehab ☐ Nutrition supportContinue SoluMedrol IV

KVO IV as child has good PO intake. Albuterol nebs q4. UA had 3+ LE. Get Cath urine for UA, mic culture. Continue Rocephin IV for bilateral ear infection.

PN650_1

Devised 05/01/2015

Committee Approved 05/11/2015

Page 1 of 1



PN0005



10/01/13 2Y 07M
Oji, Greg M.D.
K32346629

K.E5514
05/14/16

Willis-Knighton South
2510 Bert Kouns Industrial Loop
Shreveport, LA 71108

Patient Name: [REDACTED]
Adm No: K32346629
DOB: 10/01/2013
Age: 2Y F
Corp ID: 000001116206

MRN: 1116206
Location: Inpatient - S5E-K.E551
Ord No: 90006
Hospital: WKS

Ordering Dr: SEAN CHRISTOPHER DENHAM

CC:

Final Report

Admitting Diagnosis: BRONCHIOLITIS
Reason For Exam: Cold Symptoms
Procedure Date: 05/14/2016
Procedure: SXR - XR, chest 1 view

Interpretive Location: ZAMANI
Accession Number: 3187836
CPT Code: 71010

IMPRESSION: Normal Portable Chest.

RESULT: XR, chest 1 view

Clinical Information: Cold Symptoms

Comparison: None

Findings: Heart size and contour are normal for portable technique. The lungs are clear and no infiltrate, mass, pleural effusion or pneumothorax demonstrated. No significant skeletal abnormality is noted.

Electronically Signed by: RAMIN ZAMANI M.D. on May 14 2016 6:27A

Techs: Tara M Cook
Additional Staff:

Read by: RAMIN ZAMANI M.D. on May 14 2016 6:26A
Electronically Signed by: RAMIN ZAMANI M.D. on May 14 2016 6:27A

Printed: May 14 2016 6:30AM

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Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

(K000629604)
Age/Sex: 2Y 07M F
Room: 5ES-K-E5514 1 (Admitted 05/14/16)

96 hours
from May 12, 2016 0701 to May 16, 2016 0700
Printed 05/16/16 at 0444 by STORET, NS

Vital Signs

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
05/14/16 0400	133/72	Lying	182	42	(^)	99.9	Temporal	29	15.725872	93
05/14/16 0409										
05/14/16 0436	133/72	Lying	182	42	Machine	99.9	Temporal			96
05/14/16 0600						97.8	Axillary			98
05/14/16 0730			171	26	Machine	98.3	Axillary			96
05/14/16 1200			179	34	Machine	98.4	Axillary			99
05/14/16 1600			152	30	Machine	99.2	Axillary			99
05/14/16 1920			143	32	Machine	97.5	Axillary			95
05/14/16 2333			152	30	Machine	99.1	Axillary			98
05/15/16 0345			130	28	Machine	98.1	Axillary			100
05/15/16 0730			122	22	Machine	98.7	Axillary			99
05/15/16 1600			123	24	Machine	98.2	Axillary			100
05/15/16 2000			121	24		97.3	Temporal			97
05/15/16 2351			112	24	Machine	97.3	Temporal			96
05/16/16 0406			104	24		97.4	Temporal			

Intake & Output

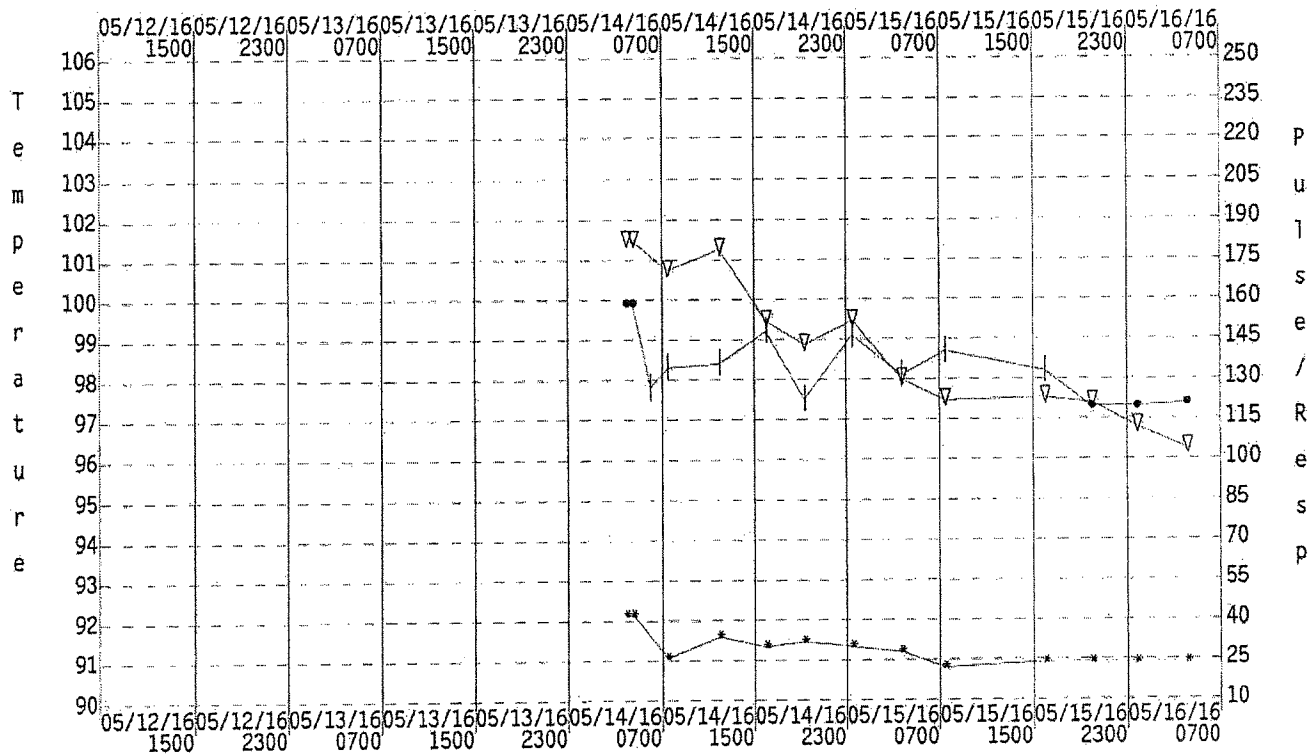
Period: 12.00	05/14/16	05/15/16		05/15/16	05/16/16	
Hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL: Not H2O	120	480	600	600	120	720
IV:	100	660	760	435		435
IVPB:		5	5	50		50
Total Intake	220	1145	1365	1085	120	1205
Output (ml)						
Void X NM:	3	5		3	2	
Stool X:	1	0		0		
Fluid Balance	220	1145	1365	1085	120	1205

Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 2

L (K000629604)
Age/Sex: 2Y 07M F
Room: 5ES K E5514-1 (Admitted 05/14/16)96 hours
from May 12, 2016 0701 to May 16, 2016 0700
Printed 05/16/16 at 0444 by STORET NS

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
↓↑ Off graph



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

(K000629604)

Age/Sex: 2Y 07M F
Room: 5ES K E5514 1 (Admitted 05/14/16)96 hours
from May 11, 2016 0701 to May 15, 2016 0700
Printed 05/15/16 at 0613 by THOMAC7 NS

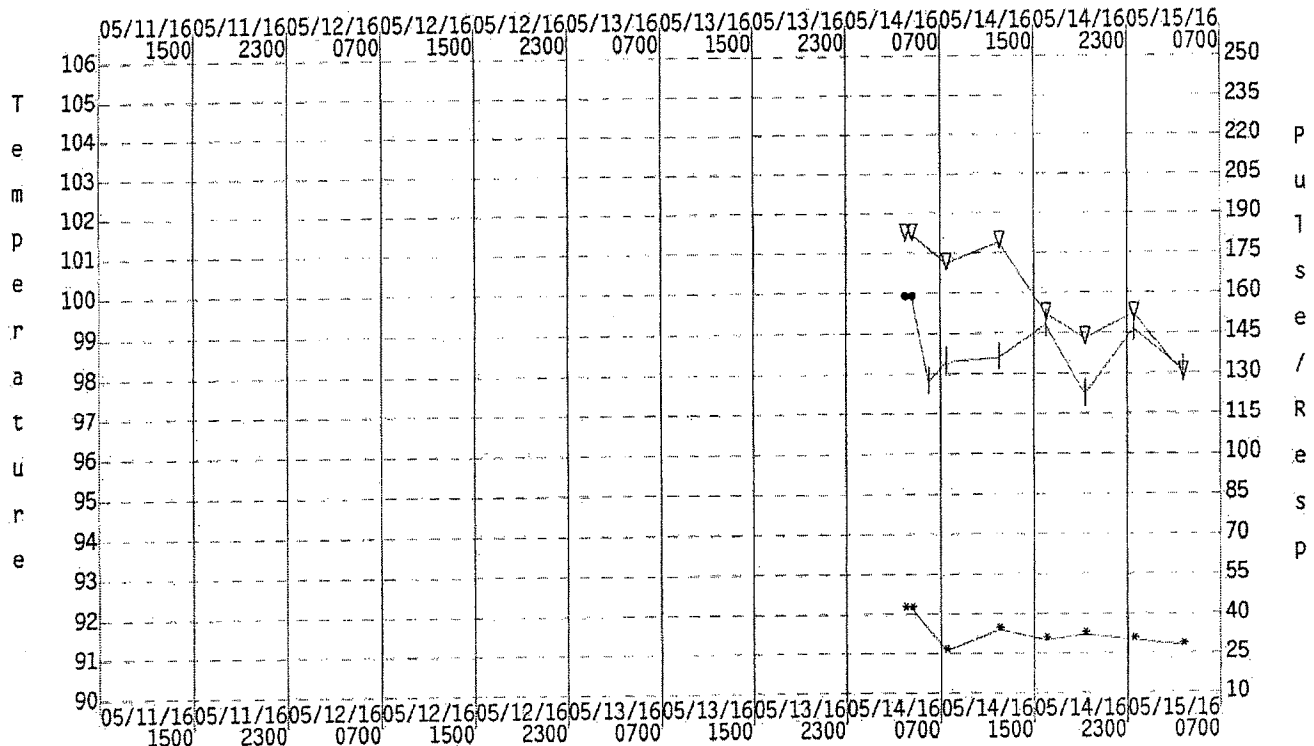
Vital Signs

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
05/14/16 0400	133/72	Lying	182	42	(^)	99.9	Temporal			93
05/14/16 0409										
05/14/16 0436	133/72	Lying	182	42	Machine	99.9	Temporal	29	15.725872	
05/14/16 0600						97.8	Axillary			96
05/14/16 0730			171	26	Machine	98.3	Axillary			98
05/14/16 1200			179	34	Machine	98.4	Axillary			96
05/14/16 1600			152	30	Machine	99.2	Axillary			99
05/14/16 1920			143	32	Machine	97.5	Axillary			99
05/14/16 2333			152	30	Machine	99.1	Axillary			95
05/15/16 0345			130	28	Machine	98.1	Axillary			98

Intake & Output

Period: 12.00	05/13/16	05/14/16		05/14/16	05/15/16	
Hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL: Not H2O				120	480	600
IV:				100	660	760
IVPB:				5	5	5
Total Intake				220	1145	1365
Output (ml)						
Void X NM:				3	5	
Stool X:				1	0	
Fluid Balance				220	1145	1365

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
 † Off graph



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

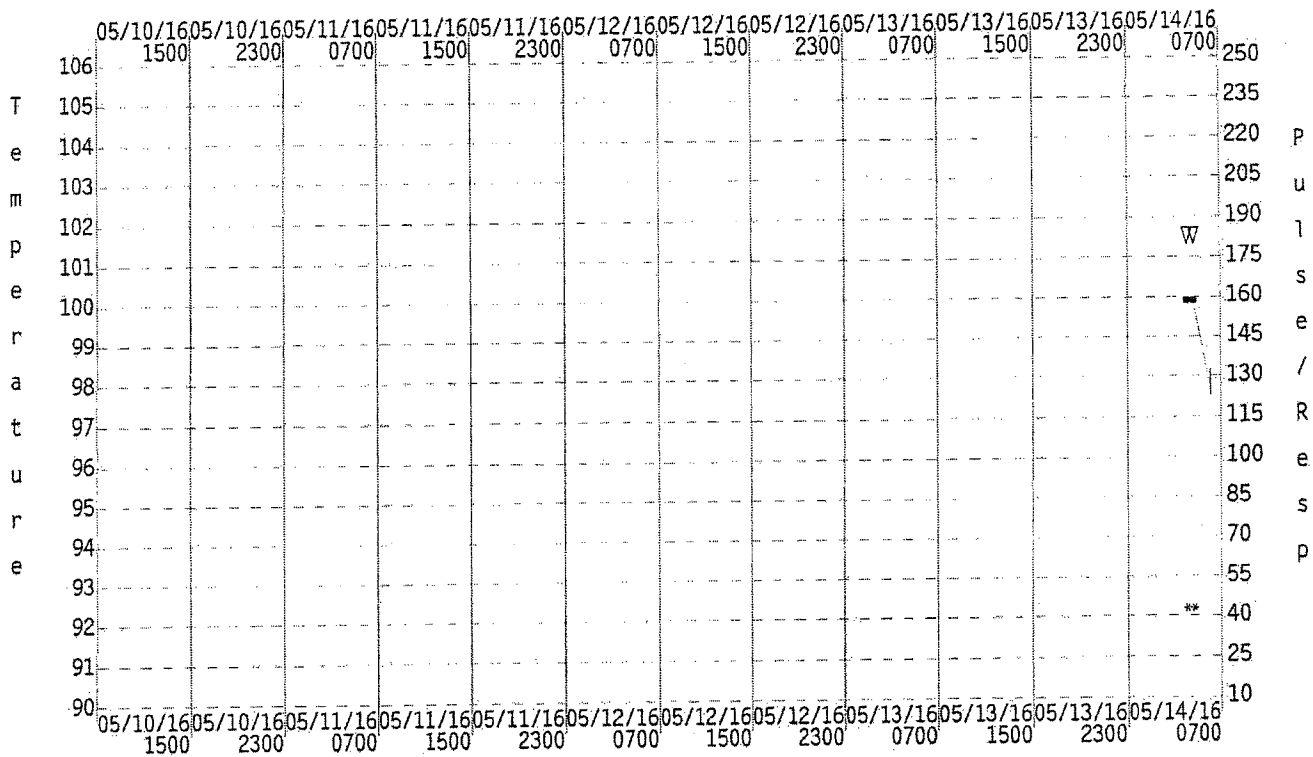
00629604)
Age/Sex: 2Y 07M-F
Room: SES K.E5514.1 (Admitted: 05/14/16)

96 hours
from May 10, 2016 0701 to May 14, 2016 0700
Printed 05/14/16 at 0648 by MULLEN, NS

Vital Signs

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
05/14/16 0400	133/72	Lying	182	42	(^)	99.9	Temporal	29	15.725872	93
05/14/16 0409										
05/14/16 0436	133/72	Lying	182	42	Machine	99.9	Temporal			
05/14/16 0600						97.8	Axillary			96

Δ T/Tympanic: • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
↓ Off graph



RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L	ACCT #: K32346629	LOC: 5ES	U #: K000629604
REG DR: Oji, Greg M M.D.	AGE/SX: 2Y 07M/F	ROOM: K.E5514	REG: 05/14/16
	STATUS: DIS IN	BED: 1	DIS: 05/16/16

URINALYSIS

Day	2	1		
Date	MAY 15	MAY 14		
Time	1600	1940	Reference	Units
=> Blood	2+ H	(a)	(Negative)	
=> Bilirubin	(b)	(c)	(Negative)	
=> Urobilinogen	(d)	(e)	(Negative)	mg/dL
=> Ketones	(f)	(g)	(Negative)	
=> Glucose	(h)	2+ H	(Negative)	
=> Protein	(i)	(j)	(Negative)	
=> Nitrite	(k)	(l)	(Negative)	
=> Leukocytes	(m)	3+ H	(Negative)	
=> pH, Urine	7.0	6.0	(5.0-8.0)	
=> Spec Gravity	1.005	1.009	(1.003-1.035)	
=> Color	(n)	(o)	(Yellow)	
=> Appearance	Clear	(p) H	(Clear)	
=> Ascorbic Acid	(q)	(r)	(Negative)	mg/dL
=> RBCs, Urine	0-3		(0-3)	/hpf
=> WBCs, Urine	0-4		(0-4)	/hpf
=> Bacteria, Urine	(s)		(<=Trace)	/hpf
=> Squamous Epis	Trace		(<=Trace)	/hpf

NOTES: (a) Negative
 (b) Negative
 (c) Negative
 (d) Negative
 (e) Negative
 (f) Negative
 (g) Negative
 (h) Negative
 (i) Negative
 (j) Negative
 (k) Negative
 (l) Negative
 (m) Negative
 (n) Colorless
 (o) Yellow
 (p) Slightly Cloudy H
 (q) Negative
 (r) Negative
 (s) None Seen

Patient: [REDACTED] L	Age/Sex: 2Y 07M/F	Acct#K32346629	Unit#K000629604
-----------------------	-------------------	----------------	-----------------

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 2

LOCATION

Patient: [REDACTED] L #K32346629 (Continued)

CHEMISTRY
GENERAL CHEMISTRY

Day	3	2	1		
Date	MAY 16	MAY 15	MAY 14		
Time	0715	0810	1606	Reference	Units
=> Glucose	94(t)	(u) H	99(t)	(70-109)	mg/dL
=> Potassium	5.1	5.2 H	4.4	(3.5-5.1)	mmol/L
=> Sodium	141	141	140	(136-145)	mmol/L
=> Chloride	110 H	110 H	106	(98-107)	mmol/L
=> CO2	21	24	24	(21-32)	mmol/L
=> BUN	5 L	4 #L	11	(7-18)	mg/dL
=> Creatinine	0.30	0.21	0.34		mg/dL
=> Calcium	10.0	9.3	9.4	(8.5-10.1)	mg/dL
=> Phosphorus		4.6		(4.3-5.4)	mg/dL
=> Magnesium		2.4		(1.8-2.4)	mg/dL
=> Anion Gap	10.0	7.0	10.0	(5.0-15.0)	mmol/L

NOTES: (t) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL

Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes:

Abnormal Fasting Glucose: ≥ 126 mg/dL

Symptoms of diabetes and a random glucose: ≥ 200 mg/dL

(u) 111 H
See also (t)

Patient: [REDACTED] L

Age/Sex: 2Y 07M/F Acct#K32346629

Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 3

LOCATION

Patient: [REDACTED] L

#K32346629

(Continued)

HEMATOLOGY

Day	3	1		
Date	MAY 16	MAY 14		
Time	0715	1606	Reference	Units
=> White Blood Cel	9.8 #	20.0 H	(5.0-12.0)	10 ⁹ /L
=> Red Blood Cell	5.31 H	5.23 H	(4.1-5.1)	10 ⁶ /uL
=> Hemoglobin	12.0	11.8	(11.0-14.0)	g/dL
=> Hematocrit	38.5	37.1	(33.0-42.0)	%
=> MCV	72.4 L	71.0 L	(74.0-89.0)	fL
=> MCH	22.6 L	22.5 L	(27.1-34.2)	pg
=> MCHC	31.2 L	31.7 L	(33.0-35.6)	g/dL
=> RDW	16.9 H	16.6 H	(12.0-14.5)	%
=> Platelet Count	288	296	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.8	7.1	(6.6-10.2)	fL
=> Neutrophils	79.8	93.1	(Not Estab.)	%
=> Lymphocytes	16.5	2.3	(Not Estab.)	%
=> Monocytes	2.5 L	4.4	(3-10)	%
=> Eosinophils	0.5	0.1	(0.0-8.0)	%
=> Basophils	0.7	0.1	(0.0-3.0)	%
=> Neutrophils #	7.8	18.6	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	1.6	0.5	(Not Estab.)	10 ⁹ /L
=> Monocytes #	0.2	0.9	(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.0	0.0	(Not Estab.)	10 ³ /uL
=> Basophils #	0.1	0.0	(Not Estab.)	10 ³ /uL
=> Segmented Neut	77	92	(Not Estab.)	%
=> Lymphocytes	20	4	(Not Estab.)	%
=> Monocytes	1 L	4	(3-10)	%
=> Basophils	2		(0-3)	%
=> Hypochromic	1+	1+	(NORMAL)	
=> Microcytosis	1+	1+	(NORMAL)	
=> Plt Estimate	(v)	(w)	(NORMAL)	

NOTES: (v) NORMAL
 (w) NORMAL

Patient: [REDACTED] L

Age/Sex: 2Y 07M/F Acct#K32346629

Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 4

LOCATION

Patient: [REDACTED] L

#K32346629

(Continued)

Viral Respiratory Panel

Day	1		
Date	MAY 14		
Time	1345	Reference	Units
=> Adenovirus PCR	(x)		
=> Coronaviru 229E	(y)		
=> Coronaviru HKU1	(z)		
=> Coronaviru NL63	(aa)		
=> Coronaviru OC43	(ab)		
=> Human Metapneum	(ac)		
=> Human Rhino/Ent	(ad)		
=> Influenza A PCR	(af)		
=> Influenza B PCR	(ag)		
=> Parainfluenza 1	(ah)		
=> Parainfluenza 2	(ai)		
=> Parainfluenza 3	(aj)		
=> Parainfluenza 4	(ak)		
=> RSV	(al)		
=> Bordetella pert	(am)		
=> Chlamyd pneumon	(an)		

NOTES: (x) Not Detected
(y) Not Detected
(z) Not Detected
(aa) Not Detected
(ab) Not Detected
(ac) Not Detected
(ad) Detected
See also (ae)
(ae)

A positive Human Rhinovirus/Enterovirus result should be followed up using an alternate method to differentiate these two viruses if clinically necessary.

(af) Not Detected
(ag) Not Detected
(ah) Not Detected
(ai) Not Detected
(aj) Not Detected
(ak) Not Detected
(al) Not Detected
(am) Not Detected
(an) Not Detected

Patient: [REDACTED] L

Age/Sex: 2Y 07M/F Acct#K32346629

Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 5

LOCATION

Patient: [REDACTED] L		#K32346629	(Continued)
Viral Respiratory Panel Continued			
Day	1		
Date	MAY 14		
Time	1345	Reference	Units
=> Mycoplas pneumo (ao)		(Not Detect)	
NOTES: (ao) Not Detected See also (ap) (ap) Note: Methodology: FDA approved multiplex nested real time PCR			
Performed by: University Health Shreveport Virology Lab 1541 Kings Hwy. Shreveport, LA 71103-3932			
Patient: [REDACTED] L		Age/Sex: 2Y 07M/F	Acct#K32346629 Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 6

LOCATION

Patient: [REDACTED] L #K32346629 (Continued)

PCR TESTS

Day	1		
Date	MAY 14		
Time	0247	Reference	Units

=> RSV by PCR	(aq)	(Negative)
=> Comments	(as)	

Source: Urine

> **Culture, Urine** [REDACTED] Final 05/17/16
 NO GROWTH AT 2 DAYS

NOTES: (aq) Negative
 See also (ar)
 (ar) NEGATIVE test results do not preclude RSV infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
 (as) See Below
 See also (at)
 (at) The results of this assay should be interpreted in conjunction with other laboratory and clinical data.

Patient: [REDACTED] L Age/Sex: 2Y 07M/F Acct#K32346629 Unit#K000629604

Page -
Printed
0/0/19
at 1352

Status: Discharged
Initiated: 05/14/16
Completed:
Protocol:

Willis-Knighton South Nursing **LIVE**
 Pediatric's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

Date: 05/14/10 at 03:20
 Location: 320
 Room/Bed: K.E5514-1
 Status: DIS IN

SYS	STS INIT BY	TRGT	COPY BY	INTERVENTIONS	DAT & TIME	DIRECTIONS
BASIC Pediatric Nursing Care	D 05/14/16 NS	05/17/16		* Reassessment/Evaluation - Pediatrics Direction -> C7,19 Document what done	05/14/16 MS	
* Basic nursing care will be provided.	D 05/14/16 MS			* Intake - PROTOCOL: IAO	05/14/16 MS	05/14/16 0403 Q6,18
				* Output - PROTOCOL: IAO	05/14/16 MS	05/14/16 0403 Q6,18
				* Vital Signs Vital Signs taken by a NAI are reviewed by an RN.	05/14/16 MS	05/14/16 0403 Q4H
				- PROTOCOL: VITALSINGS * Feed With Assistance - PROTOCOL: FEEDMEAL	05/14/16 MS	05/14/16 0403 MEAL/TIMES
				* Formula Prep * Feed Formula Per Family Or Staff	05/14/16 MS	05/14/16 0403 MEAL/TIMES
				* Bath, Total Bed - Toddler	05/14/16 MS	05/14/16 0403 Q4H
				- PROTOCOL: BATHROOM	05/14/16 MS	05/14/16 0403 DAILY
				* Linner Changed	05/14/16 MS	05/14/16 0403 DAILY
				* Emotional Support/Teaching	05/14/16 MS	05/14/16 0403 AS NEEDED
				* Clergy Visits	05/14/16 MS	05/14/16 0403 DAILY
				* Physician Rounds	05/14/16 MS	05/14/16 0403 DAILY
				* Discharge Assessment/Planning	05/14/16 MS	05/14/16 0403 AS NEEDED
				* Weight, Daily, PEET Or NSY	05/14/16 MS	05/14/16 0403 DAILY
				* Critical Value Reporting	05/14/16 MS	05/14/16 0403 DAILY
INURY, POTENTIAL FOR	D 05/14/16 MS	05/17/16		* Safety Checks	05/14/16 MS	05/14/16 0403 Q2H
* No evidence of injury to patient.	D 05/14/16 MS					
KNOWLEDGE DEFICIT	D 05/14/16 MS	05/17/16		* Patient Education	05/14/16 MS	05/14/16 0403 AS NEEDED
* Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.	D 05/14/16 MS					
PATIENT AT HIGH RISK FOR FALLS	D 05/14/16 CT			* High Fall Risk Intervention	05/14/16 CT	05/14/16 0403 Q2H
* NS: Patient risk for falling reduced.	D 05/14/16 CT			PC and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BACKROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grails, etc) 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.		

Status: Discharged
Initiated: 05/24/16
Completed: 10/02/19
Protocol: at 1352

Age/Sex: 4Y 04Y F
Unit #: K00629604
Admitted: 05/14/16 at C328
Status: DLS IN

HENDERSON, ANLYAH L

Attending: Oll, Greg M.D.
Account #: K32346629
Location: SES
Room/Bed: K.E5514-1

Willis-Knighton South Nursing **IVE**
Patient's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

ADDITIONAL INTERVENTIONS	DATE BY	COMP BY	DATE & TIME DIRECTIONS	S/S SRC
* Pediatric Admit Assessment	05/14/16 CT		05/14/16 0436 ADMIT	D AS
* IV Site #1 Check/Care	05/14/16 BG		05/14/16 1706 QOH	D PS
* Discharge Summary 2 Ped	05/16/16 AST		05/16/16 1255 AT TIME OF DISCHARGE	D AS

McGowan	Initials	Name	Nurse Type
AS	TAYLOR	ANGIE S	RN
BG	GEORGE	BECKY	RN
CT	THOMAS	CALVEN D	RN
YE	REDMAN	MARY	RNC

Age/Sex: 4Y 04X F Attending: OJL, Greg V M.D.
 Unit #: K000629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: 5BS
 Status: DIS IN Room/Bed: K.E55-4-1

HENDERSON
 Willis-Knighton South Nursing **LIVE**
 HMS PRINT ALL NURSING INFORMATION

Page: 1 of 4
 Printed 10/01/19 at 1352

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Date	Time	by	Recorded	Time	by	Comment	Documented Units	Change
Activity Date: 05/14/16 Time: 0000									
200023				A	Q2H			CP	
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antiemetics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-frames, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.									
- Create 05/14/16 0000 CT 05/14/16 0455 CT									
Activity Date: 05/14/16 Time: 0400									
100006				A	AS NEEDED			CP	
Discharge Assessment/Planning									
- Document 05/14/16 0400 MH 05/14/16 0407 MH									
Discharge Problems/Needs Identified: Y :SAS OF RESP DISTRESS :MOVE BEDS :P/U CARE : :									
Arrangements Made to Meet Need(s): Y :ONGOING TEACHING : :									
102000				A	AS NEEDED			CP	
Emotional Support/Teaching									
- Document 05/14/16 0400 MH 05/14/16 0407 MH									
80.2									
LEARNING NEEDS TEACHING SUMMARY									

Problem/Goal/Intervention Description

Activity Type Date Time by Recorded Time by Comment Units

Activity Date: 05/14/16 Time: 0400

400010 Vital Signs

Vital Signs taken by a NAI are reviewed by an RN.

- Document 05/14/16 0400 CT 05/14/16 0541 CT 21.4

Blood Pressure: 131/72 BP Position: Lying

BP Type: Automatic

Temp: 99.9 Type Of Temperature: Temporal

Heart Rate: 182 Heart Rate Source: Cardiac Monitor

Resp. Rate: 42

SAC2: 93

Safety Checks

- Document 05/14/16 0400 MH 05/14/16 0407 MH

Family Member At Bedside: Y Respirator: Observed: Y

Call Light/Telephone In Reach: Y Fall Precautions: Y

Crib Rails (Up / Down): Not Applicable

Number Of Bed Rails Up: 2

Are bedrails up because of meds given: N

Bed Brakes Locked: Y

Bed High OR Low Position: LOW

All Alarms On and Audible: Y

CPM in use: N

Pt. Off Unit: N

1-D Patient Education

- Document 05/14/16 0400 MH 05/14/16 0407 MH

Learner: Mother

Learner's Preferred Method: One-on-One Teaching

Language Spoken (002): English

If Other, Describe:

*Religious or Cultural practices that may affect learning: N

If YES, describe:

*Physical limitations that may affect learning (Y/N): N

If YES, describe:

*Cognitive limitations that may affect learning (Y/N): N

If YES, describe:

*Emotional limitations that may affect learning (Y/N): N

If YES, describe:

If patient has pain, what issues have been discussed with patient regarding this:

:NOTIFY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE

Pt/Family encouraged to report concerns about Pt. safety issues: Y

What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN

:REACH, ADULT AT BEDSIDE AT ALL TIMES, PEDI SECURITY SHEET

*Is patient/family motivated to learn (Y/N): Y

If NO, explain:

Problem/Goal/Intervention Description					Sts Directions			From
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Comment	Time by	Directions	Documented Units	Charge
Activity Date: 05/14/16 Time: 0400 (continued)								
Patient Education (continued):								
*Disease (Y/N): Y BRONCHOLITIS								
Isolation (Y/N): N								
*Equipment (Y/N): Y OML LIGHT								
*Procedure (Y/N): Y ADMIT ASSESSMENT								
*Medication (Y/N): Y DOXNEB- CYNOLO								
*New Medication (Y/N): Y DOXNEB- RESP TREATMENT								
Education: TYLENOL AS NEEDED FOR TEMP								
:								
*Follow-up care (Y/N): N								
Rehab/Resources (Y/N): N								
*Nutrition (Y/N): Y REGULAR FOR AGE								
Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95,								
: PEDI SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST								
If applicable, pt has demonstrated competence to self administer medications:								
Med1: Med2: Med3:								
Method Of Instruction:								
Evidence Of Learning Demonstrated By:								
Activity Date: 05/14/16 Time: 0403								
Problem: Basic Pediatric Nursing Care								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Goal: Basic nursing care will be provided.								
- Create	05/14/16 0403	05/14/16 0404	0404			A	05/17/16	
Discharge Assessment/Planning								
- Create	05/14/16 0403	05/14/16 0404	0404			A	AS NEEDED	
Reassessment/Evaluation - Pediatrics								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Direction -007,19 Document when done								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Critical Value Reporting								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Emotional Support/Teaching								
- Create	05/14/16 0403	05/14/16 0404	0404			A	AS NEEDED	
Bath, Total Bed - Toddler								
- Create	05/14/16 0403	05/14/16 0404	0404			A	DAILY	
Linen Charged								
- Create	05/14/16 0403	05/14/16 0404	0404			A	DAILY	
Vital Signs								
- Create	05/14/16 0403	05/14/16 0404	0404			A	Q4H	
Vital Signs taken by a NAI are reviewed by an RN.								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Weight, Daily, FEED OR NSY								
- Create	05/14/16 0403	05/14/16 0404	0404			A	DAILY	
Intake								
- Create	05/14/16 0403	05/14/16 0404	0404			A	06,18	
Problem/Goal/Intervention Description								
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Comment	Time by	Directions	Documented Units	Charge
Activity Date: 05/14/16 Time: 0403								
45000	Out-pat	05/14/16 0403	05/14/16 0404			A	06,18	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A	YEALTIMES	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A	YEALTIMES	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A	Q3H	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A	DAILY	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A	DAILY	CP
- Create	05/14/16 0403	05/14/16 0404	0404			A		CP
Problem: INJURY, POTENTIAL FOR								
- Create	05/14/16 0403	05/14/16 0404	0404			A	05/17/16	
Goal: No evidence of injury to patient.								
- Create	05/14/16 0403	05/14/16 0404	0404			A	Q2H	
Safety Checks								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Problem: KNOWLEDGE DEFICIT								
- Create	05/14/16 0403	05/14/16 0404	0404			A	05/14/16	
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
- Create	05/14/16 0403	05/14/16 0404	0404			A	AS NEEDED	
Patient Education								
- Create	05/14/16 0403	05/14/16 0404	0404			A		
Activity Date: 05/14/16 Time: 0404								
Goal: Basic nursing care will be provided.								
- Ed Target	05/14/16 0404	05/14/16 0404	0404			A	05/17/16	
Goal: No evidence of injury to patient.								
- Ed Target	05/14/16 0404	05/14/16 0404	0404			A	05/17/16	
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
- Ed Target	05/14/16 0404	05/14/16 0404	0404			A	05/14/16	
Activity Date: 05/14/16 Time: 0436								
100522	Pediatric Admit Assessment	05/14/16 0436	05/14/16 0450			A	ADMIT	AS
- Create	05/14/16 0436	05/14/16 0450	0450			CT		
- Document	05/14/16 0436	05/14/16 0450	0450			CT		
-----TRAVEL QUESTIONS - MANDATORY-----								
For patients presenting with the following symptoms:								
Fever> or = 100.4 deg F, Headache, Muscle Pain, Vomiting								
Diarrhea, Abdominal Pain, or Unexplained hemorrhage.								
Have you or a close contact traveled outside of the continental US or come into contact with an Ebola patient in the past 30 days? N								

Age/Sex: 4Y 04X F Attending: C.J.I, Greg X.M.D. Henderson
 Unit #: R00062604 Account #: R32346629
 Admitted: 05/14/16 at 0328 Location: SES
 Status: DIS IN Room/Bed: K.E5514-1
 Printed 10/01/19 at 1352
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Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	From Charge	Activity Type	Occurred Date	Recorded Time by Date
<p>Activity Date: 05/14/16 Time: 0436 (continued)</p> <p>100522 Pediatric Admit Assessment (continued)</p> <p>If the answer is YES, ask where the patient or close contact has traveled.</p> <p>Traveled to where?</p> <p>If they say Africa, please ask them where in Africa</p> <p>If travel to Guinea, Liberia, Nigeria, or Sierra Leone is identified, isolate the patient IMMEDIATELY and contact the XO, contact the Nursing House Supervisor, and Infection Prevention and Control.</p> <p>----- GENERAL DATA -----</p> <p>Information Obtained from: Mother</p> <p>Mode of Admission: Patient's Arms</p> <p>*Admitted From: Physician Office</p> <p>I.D. Band Applied: Yes ID Band Applied</p> <p>----- Patient Language and Communication Barriers -----</p> <p>Do you have a Barrier to Communication (Y/N): N</p> <p>Wk Interpretive Services Needed?</p> <p>Interpreter ID Number:</p> <p>Language Preference for Medical Communication: ENGLISH</p> <p>If other, please specify:</p> <p>----- Patient Advocate Support Person -----</p> <p>Barrier to Communication (Y/N): N</p> <p>Language Preference for Medical Communication: ENGLISH</p> <p>If other, please specify: NA</p> <p>Do you want anyone notified of your admission?</p> <p>Name and number of person to notify:</p> <p>Was contact made?</p> <p>What HEALTH PROBLEM Brought You To The Hospital: "COLD SYMPTOMS WHEEZING, COUGHING"</p> <p>*Repeat Hospital Admit Within 30 Days: N</p> <p>-- yes, when and for what:</p> <p>DX #1: BRONCHIOLITIS</p> <p>DX #2:</p> <p>Blood Pressure: 133/72</p> <p>Temp: 99.9</p> <p>Heart Rate: 182</p> <p>Resp. Rate: 42</p> <p>HT (FT):</p> <p>WT (LB):</p> <p>HT (IN): 30</p> <p>WT (KG): 13.6</p> <p>Head Circ (cm):</p> <p>----- VITAL SIGNS -----</p> <p>BP Position: Lying</p> <p>Type Of Temperature: Temporal</p> <p>Heart Rate Source: Machine</p> <p>SAC2: 93</p> <p>Weight Source: Stated</p> <p>----- ALLERGIES -----</p> <p>Allergy/Med/Contact: NKCA</p> <p>Allergy2-Med/Contact: NKCA</p> <p>Latex Allergy (Y/N): No, Latex Allergy</p> <p>Does this patient have any food allergies/intolerance: N</p> <p>Food Allergies-Intol.: NKCA</p>							
<p>Activity Date: 05/14/16 Time: 0436 (continued)</p> <p>100522 Pediatric Admit Assessment (continued)</p> <p>Are You Having PAIN / DISCOMFORT NOW: N</p> <p>Location Of Pain:</p> <p>Pain Frequency:</p> <p>Onset Of Pain:</p> <p>Pain Made Worse By:</p> <p>Fear most about pain:</p> <p>Problems caused by pain:</p> <p>Who else have you consulted about pain:</p> <p>What treatments might help the pain:</p> <p>Pain scale used to assess pain:</p> <p>Pain Scale Explained; Understanding Voiced:</p> <p>Patient's Acceptable Level of Pain:</p> <p>Pain score:</p> <p>----- IMCINIZATIONS -----</p> <p>Immunizations Current: Y Comment: "UP TO DATE"</p> <p>Flu Vaccine this flu season (Sep 1 - Mar 31): No</p> <p>Current Veds or Herbs Being Taken: N ALL Medication Information Unobtainable: N</p> <p>----- MEDICATION LIST & ALLERGIES -----</p> <p>ALBUTEROL : .5 UD</p> <p>DOSE</p> <p>ROUTE</p> <p>FREQUENCY</p> <p>LAST TAKEN</p> <p>DATE</p> <p>TIME</p> <p>Parent Informed Of Policy Regarding Outside Medications: Y</p> <p>Mother's Prenatal History: BORN AT 27 WEEKS, EMERGENCY C SECTION, PREECLAMPSIA</p> <p>Does the PATIENT ONLY Have a History of:</p> <p>Birth Defects: N</p> <p>Prematurity: Y</p> <p>GI Problems: N</p> <p>GU Problems: N</p> <p>Seizures: N</p> <p>*Heart Disease: N</p> <p>Hypertension: N</p> <p>Sickle Cell Trait: N</p> <p>Resp. Problem: Y</p> <p>Psychiatric Disorder(s): N</p> <p>Cancer: N</p>							

Age/Sex: 4Y 04M F Attending: O.L. Greg M.D.
 Unit #: K000629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: SES
 Status: D'S IN Room/Bed: K.E5514-1

HENDERSON

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Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	From Change	Directions	Documented Units
Activity Date: 05/14/16 Time: 0436 (continued)							
100522	Pediatric Admit Assessment (continued)						
24 Months: Y							
Is Your Child Able To Remove All His/Her Clothes: No							
Is Child Able To Stack 4 Objects, Blocks, Or Top Of Ba Other: Yes							
Does Your Child Combine Words: No							
Is Your Child Able To Kick A Ball Forward: Yes							
3 Years:							
Is Your Child Able To Wash And Dry His/Her Hands:							
Is Your Child Able To Name At Least Four Items In A Book:							
Does Child Comprehend At Least 2 Action Words, ie Dog Barks:							
Is Your Child Able To Throw A Ball Overhead:							
4 Years:							
Does Your Child Dress Him/Herself Without Help:							
Is Your Child Able To Draw A Circle By Copying:							
Does Child Use At Least Four Diff Action Words (Verbs):							
Does Your Child Hop On One Foot:							
5 Years:							
Does Child Play Board/Card Games With You / Other Children:							
Is Child Able To Draw The Head & 2 Other Parts Of A Person:							
Is Your Child Able To Name Four Different Colors:							
Can Your Child Broad Jump:							
6 Years:							
Can Your Child Copy A Square:							
Is Your Child Able To Define Words, ie, Banana Is A Fruit:							
Can Your Child Skip:							
7-10 Years:							
Is Your Child In The Grade Appropriate For His/Her Age:							
Has A Friend He/She Plays W/ On A Reg Basis Outside School:							
11-13 Years:							
Is Your Child In The Grade Appropriate For His/Her Age:							
Does Child Initiate And Complete Tasks Or School Projects:							
Child Has A Group Of Peers W/ Whom Much Free Time Is Spent:							
14-18 YEARS:							
With Whom Do You Live:							
Tell Me About Your Family:							
Do You Have Any Brothers:							
How Many Brothers:							
Do You Have Any Sisters:							
How Many Sisters:							
Are You Able To Talk To Your Parents:							
Some Things?							
Most Things?							
All Things?							
Nothing?							

Age/Sex: 4Y 04X F Attending: OJL, Greg M.M.D.
 Unit #: X000629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: SES
 Status: DTS IN Room/Bed: K.255-4--

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Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description		S/S Directions		From	
Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Change
Activity Date: 05/14/16 Time: 0436 (continued)					
<p>100522 Pediatric Admit Assessment (continued):</p> <p>Clothes: Not Applicable Cash: Not Applicable</p> <p>Credit Cards: Not Applicable Wallet: Not Applicable</p> <p>Jewelry: Not Applicable Watch: Not Applicable</p> <p>Other: Disposition: Disposition: Disposition:</p> <p>Care: N Walker: N W/C: N Disposition: Disposition:</p> <p>Advised To Keep Glasses, Contacts, Dentures, Etc In Drawer: N</p> <p>Have You Signed An ORGAN DONATION CARD: N</p> <p>Recent History Of: Falls: N Bed Rails: N *Family Or Sitter: Constantly</p> <p>*Restrictions: N *Restraint Type:</p> <p>Patient/Family Oriented To: Call Light: Y Bed Control: Y Telephone: Y</p> <p>Nursing Bedside Rounds: Y Emergency Light: Y Smoking Policy: Y</p> <p>TV: Y IV Pumps/Other Equip: Highchair: Y</p> <p>Crib: Rocker: Y Supplies: Y</p> <p>Pediatric Fall Risk Assessment</p> <p>Age: 4 Environmental Factors: 2</p> <p>(4) History of Fall or Infant-Toddler Placed in Bed</p> <p>(3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting</p> <p>(2) Patient Placed in Bed</p> <p>(1) Outpatient Area</p> <p>Response to Surgery/Sedation/Anesthesia: 0</p> <p>(3) Within 24 hours</p> <p>(2) Within 48 hours</p> <p>(1) More than 48 hours</p> <p>(3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Anti-depressants, Laxatives/Diuretics, Narcotic</p> <p>(2) One of the meds listed above</p> <p>(1) Other Medications/None</p> <p>Fall Risk Total: 13</p> <p>FAIL PRECAUTIONS</p> <p>Fail Precaution #1:</p> <p>Fail Precaution #2:</p> <p>Fail Precaution #3:</p> <p>Other Precautions:</p> <p>SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment</p> <p>MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist</p> <p>ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate</p> <p>-----BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD)-----</p> <p>1 2 3 4</p> <p>SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment</p> <p>MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist</p> <p>ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate</p>					
Activity Date: 05/14/16 Time: 0436 (continued)					
<p>100522 Pediatric Admit Assessment (continued):</p> <p>Able Talk To Parents:</p> <p>What Grade Are You In School:</p> <p>What Is Your Favorite Subject:</p> <p>What Kind Of Grades Do You Make (Good/Fair/Poor):</p> <p>What Kind Of Hobbies Do You Have:</p> <p>Do You Belong To Any Clubs, Groups, or Gangs: Which Ones:</p> <p>Are You Allowed To Date Yet:</p> <p>Have You Had Sex Education At School:</p> <p>If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program:</p> <p>Not Interested In Program:</p> <p>Females: Have You Had Your First Period:</p> <p>If Yes, what age (yrs) did you have your first period:</p> <p>If Yes, When Was Your Last Period:</p> <p>Birth Wt (lbs): 1 Birth Wt (oz): 9 Birth Length (in): 11</p> <p>Place of Birth (City and Hospital): LSU</p> <p>Complications at Birth: Y If yes, what: PRECLAMPSEA</p> <p>Does Patient Use Tobacco: N Type of Tobacco Used:</p> <p>How Much Tobacco Used:</p> <p>Does Caregiver Smoke: N How Long Tobacco Used:</p> <p>Does Patient Drink LIQUOR/BEER/WINE: N Type of Alcohol Consumed:</p> <p>If Yes, How Much:</p> <p>Do You Have a RELIGIOUS AND/OR CULTURAL TRADITION We Need To Consider: N</p> <p>If YES, What:</p> <p>Spiritual Support Request No</p> <p>Potential Barrier to Learning: None</p> <p>*Emotional/Psychiatric Assessment: Pediatric/Irritable</p> <p>Should Anyone Else Be Included in Your Teaching: N If Yes, Who:</p> <p>Do You Have Thoughts Of Harming Yourself: Not Applicable</p> <p>Do You Feel Abused Or Neglected In Anyway: Not Applicable</p> <p>Are You In a Situation Which Causes You Fear, Pain or Injury: Not Applicable</p> <p>Emergency Contact: Name: ELIZABETH ALEXANDER</p> <p>Home Number: 318-347-0227</p> <p>Other Number: GRANDMOTHER</p> <p>PATIENT IS AN INFANT: N</p> <p>Glasses: Not Applicable</p> <p>Hearing Aid(s): Not Applicable</p> <p>Contacts: Not Applicable</p> <p>Dentures: Not Applicable/None</p>					

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HENDERSON, A. [REDACTED]
Willis-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04Y F
Unit #: K000629604
Attending: Oji, Greg M.M.D.
Admitted: 05/14/16 at 0328
Status: DTS IN
Account #: K12346629
Location: SES
Room/Bed: K.E5514-1

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Occurred Date	Recorded Date	Sts Directions Documented Units	Activity Type	Occurred Date	Recorded Date	Sts Directions Documented Units
Activity Date: 05/14/16 Time: 0436 (continued)				Activity Date: 05/14/16 Time: 0600			
100522	Pediatric Admit Assessment (continued)			200023	High Fall Risk Intervention (continued)		
MOBILITY	Completely Immobile	Very Limited	Slightly Limited		antipsychotics, anticholinergics, diuretics, etc.)		
NOCTURNAL	Very Poor	Inadequate Eats=1/2	Adequate Eats=1/2		2. USE CORRECTIVE LENSES, if applicable.		
PRIC/SHEAR	Significant Problem	Problem	Potential Problem		3. ASSIST WITH AVELATION.		
PERF/OXYGEN	Extremely Compromised	Moderate Assist	Minimal Assist		4. OFFER BATHROOM ASSISTANCE.		
		Compromised	Adequate		5. USE NON-SKID FOOTWEAR.		
	Sensory Perception: 4	- No Impairment	cap=2sec		6. CLOSELY OBSERVE DISORIENTED PATIENTS		
	Moisture: 3	- Occasional Moist	cap=2sec		7. ENSURE ADEQUATE LIGHTING AT NIGHT		
	Activity: 3	- Walks Occasionally			8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc.)		
	Mobility: 3	- Slightly limited			9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.		
	Nutrition: 3	- Adequate			10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.		
	Friction/Shear: 4	- No Apparent Problem			11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.		
	Tissue Perfusion/Oxygenation: 3	- Adequate			12. KEEP ROOM FREE OF CLUTTER.		
	Total Braden Scale Score: 23				- Document 05/14/16 0530 CT 05/14/16 0542 CT		
Pt. Safety Information: Booklet given to pt/family: Y				Activity Date: 05/14/16 Time: 0600			
LPN who Assisted in Data Collection:				400010	Vital Signs		
RN Signature: DANIEL THOMAS RN					Vital Signs taken by a NAI are reviewed by an RN.		
Activity Date: 05/14/16 Time: 0451					- Document 05/14/16 0600 CT 05/14/16 0616 CT		21.4
Problem: PATIENT AT HIGH RISK FOR FALLS					Blood Pressure:		
- Create 05/14/16 0451 CT 05/14/16 0451 CT					BP Type:		
Goal: NS: Patient risk for falling reduced.					Temp: 97.8	Type Of Temperature: Auxiliary	
- Create 05/14/16 0451 CT 05/14/16 0451 CT					Heart Rate:	Heart Rate Source:	
Activity Date: 05/14/16 Time: 0530					Resp. Rate:		
200022	Safety Checks				SAO2: 96	O2 Delivery: ROOM AIR	
	- Document 05/14/16 0530 CT 05/14/16 0542 CT				Activity Date: 05/14/16 Time: 0730		
	Family Member At Bedside: Y				200006	Discharge Assessment/Planning	
	Call Light/Telephone In Reach: Y				- Document 05/14/16 0730 BG 05/14/16 1239 BG		
Crib Rails (Up / Down): Not Applicable							
Number Of Bed Rails Up: 2							
Are bed-rails up because of meds given: N							
Bed Brakes Locked: Y							
Bed High OR Low Position: LOW							
All Alarms On and Audible: Y							
CPM in Use: N							
Pt. Off Unit: N							
200023	High Fall Risk Intervention						
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:							
1. MEDICATION REVIEW (vasoactive drugs,							

Discharge Problems/Needs Identified: Y
: S/S OF RESP DISTRESS
: HOME NEEDS
: F/U CARE
:
:
:
Arrangements Made to Meet Need(s): Y
: ONGOING TEACHING
:
:
:

Age/Sex: 4Y 04M F Attending: O'i, Greg M.D.
 Unit #: K00029604 Account #: K32366629
 Admitted: 05/14/16 at 0328 Location: SES
 Status: DIS IN Room/Bed: K.E554-1

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Wallis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Activity				S/S				Directions				From											
Problem/Goal/Intervention Description				Activity Type				Occurred Date				Recorded Date				Time by Comment				Units				Change			
100507 Reassessment/Evaluation - Pediatrics A				Direction: -07/19 Document when done				05/14/16 0730 BG				05/14/16 1245 BG				C.O				CP							
Date: 05/14/16 Shift: 7A - 7P				Focus / Plan For The Day: CONFORT/SAFETY MEASURES				Plan Of Care Discussed With Patient: Y				Plan Of Care Updated: 05/14/16															
Wound: N Dressing: N Drain: N Pain: AL Present Time: N Swallowing Difficulty: N				Level Of Alertness: Responds to parent				Pupillary Reaction: Equal/Reactive				*Emotion/Psych Asmt: Pediatric/quietly easily				Respirs: Spontaneously											
Respirations: Labored				Cough: Non-productive				Amount: Expectorated: Not Observed				*Breath Sounds: Coarse															
Expectorant: Color: Not Observed				Consistency: Not Observed				0 98 % (When using Blender)																			
O2: N O2 Delivery: ROOM AIR				Pulse Quality: Normal Pulsation				Homer's sign: Not Indicated																			
Socra Of Extremity: None				Abdomen: Soft/Active Bowel Sounds				Bowel Sounds: Normal																			
Bowel Movement: This Shift: N Date Of Last Bowel Movement:				Are You Having PAIN / DISCOMFORT Now: N				Is this a new episode of pain:																			
Location Of Pain:				Duration Of Pain:				Character Of Pain:																			
Onset Of Pain:				Pain Relieved By:				Pain Made Worse By:																			
Pain scale used to assess pain:				Pain score: 0				Pain Interventions: -----																			
Pharmacologic (see VAR):				Non-Pharmacologic:				Emotional support:				Comfort measures:				Cognitive techniques:											
Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N				Color Of Urine: NOT OBSERVED				Character Of Urine: Not Observed																			
IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N				SODs in place at beginning of shift: N TEDs in place at beginning of shift: N																							
Maintain Central Line: TLC/PICC/SWAN/PORT/HD CATHETER/URAC/UVC/BROVAC? (Y/N): N				Can this line be removed? (Y/N): N																							

HENDERSON, L
Willis-Knighton South Nursing **LIVE**
HIMS PRIN: ALL NURSING INFORMATION

Age/Sex: 4Y 04M F
Unit #: X000629604
Admitted: 05/14/16 at 0326
Status: C/S IN
Attending: C.J., Greg M.D.
Account #: X2346629
Location: SFS
Room/Bed: X.E5514-1

Problem/Goal/Intervention Description				Sts Directions				From	
Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented	From	
Type	Date	Time by Date	Units	Type	Date	Time by Date	Units	Charge	
Activity Date: 05/14/16 Time: 0730 (continued)									
100507	Reassessment/Evaluation: Pediatrics (continued)			200021	Safety Checks			CP	
	Nutrition: 3	- Adequate		- Document	05/14/16 0730 BG	05/14/16 1245 BG	5.3		
	Friction/Shear: 4	- No Apparent Problem		Family Member At Bedside: Y	Respirator Observed: Y				
	Tissue Perfusion/Oxygenation: 3	- Adequate		Call Night/Telephone In Reach: Y	Fall Precautions: Y				
	Total Braden Scale Score: 23								
I verify that I have performed a complete skin assessment and documented all findings below.									
	Skin Color: Normal								
	Skin Hydration: Normal								
	Skin Temp/Character: Warm & Dry								
	Pressure Ulcer/Skin Impairment Since Previous Assessment: N								
If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.									
	LOCATION		SKIN DESCRIPTION						
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FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):									
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Problem/Goal/Intervention Description				Sts		Directions		From	
Activity Type	Date	Time by Date	Recorded	Time by Date	Documented	Units	Comment	Time by Date	Change
Activity Date: 05/14/16 Time: 0900									
200021	Safety Checks	05/14/16 0900 BG	05/14/16 1250 BG	A	Q2H	5.3			CP
<p>- Document Family Member At Bedside: Y Respiration Observed: Y</p> <p>Call Light/Telephone in Reach: Y Fall Precautions: Y</p> <p>Crib Rails (Up / Down): Not Applicable</p> <p>Number Of Bed Rails Up: 2</p> <p>Are Bedrails up because of meds given: N</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPW in Use: N</p> <p>Pt. Off Unit: N</p> <p>200023 High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc). 9. EXCORT PATIENT TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. <p>- Document 05/14/16 0900 BG 05/14/16 1250 BG</p>									
Activity Date: 05/14/16 Time: 1100									
800515	Physician Rounds	05/14/16 1100 BG	05/14/16 1249 BG	A	DAILY	0.0			CF
<p>- Document Physician Visit To Patient By: QJGM Oji, Greg M.M.D.</p> <p>200021 Safety Checks</p>									
Activity Date: 05/14/16 Time: 0800									
550030-B	Feed With Assistance	05/14/16 0800 BG	05/14/16 1248 BG	A	MEALS/TIMES	74.9			CP
<p>- Document Current Diet: TODDLER</p> <p>Add'l Diet Restrict: Meal: Breakfast</p> <p>Percentage of Meal Eaten: Ate a few bites</p> <p>Supplement: Supplement:</p> <p>Percentage of Supplement Consumed:</p>									

Age/Sex: 4Y 04X F Attending: OJL, Greg M.M.D.
 Unit #: K000629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: 5ES
 Status: DTS IN Room/Bed: K.E55-4-1

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Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description					Sts Directions			From
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units	Time by	Comment	Units	Charge
Activity Date: 05/14/16 Time: 1200 (continued)								
550030-B	Feed With Assistance (continued)		Meal: Lunch					
Percentage of Meal Eaten: Ate 33%								
Percentage of Supplement Consumed:								
Activity Date: 05/14/16 Time: 1251								
200021	Safety Checks				A	Q2H		CP
- Document 05/14/16 1251 BG 05/14/16 1251 BG								5.3
Family Member At Bedside: Y								
Call Light/telephone In Reach: Y								
Fall Precautions: Y								
Crib Rails (Up / Down): Not Applicable								
Number Of Bed Rails Up: 2								
Are bedrails up because of meds given: N								
Bed Brakes Locked: Y								
Bed High OR Low Position: LOW								
All Alarms On and Audible: Y								
CPM in use: N								
Pt. Off Unit: N								
200023	High Fall Risk Intervention				A	Q2H		CP
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
2. USE CORRECTIVE LENSES, if applicable.								
3. ASSIST WITH AMBULATION.								
4. OFFER BATHROOM ASSISTANCE.								
5. USE NON-SKID FOOTWEAR.								
6. CLOSELY OBSERVE DISORIENTED PATIENTS								
7. ENSURE ADEQUATE LIGHTING AT NIGHT								
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).								
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
12. KEEP ROOM FREE OF CLUTTER.								
- Document 05/14/16 1251 BG 05/14/16 1251 BG								

Problem/Goal/Intervention Description					Sts Directions			From
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units	Time by	Comment	Units	Charge
Activity Date: 05/14/16 Time: 1200 (continued)								
200021	Safety Checks (continued)							
Number Of Bed Rails Up: 2								
Are bedrails up because of meds given: N								
Bed Brakes Locked: Y								
Bed High OR Low Position: LOW								
All Alarms On and Audible: Y								
CPM in use: N								
Pt. Off Unit: N								
200023	High Fall Risk Intervention				A	Q2H		CP
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
2. USE CORRECTIVE LENSES, if applicable.								
3. ASSIST WITH AMBULATION.								
4. OFFER BATHROOM ASSISTANCE.								
5. USE NON-SKID FOOTWEAR.								
6. CLOSELY OBSERVE DISORIENTED PATIENTS								
7. ENSURE ADEQUATE LIGHTING AT NIGHT								
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).								
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
12. KEEP ROOM FREE OF CLUTTER.								
- Document 05/14/16 1100 BG 05/14/16 1250 BG								

Activity Date: 05/14/16 Time: 1200									
400010	Vital Signs				A	Q4H		CP	
Vital Signs taken by a NAI are reviewed by an RN.									
- Document	05/14/16 1200 BG	05/14/16 1248 BG					21.4		
Blood Pressure:									
BP Type:									
Temp: 98.4 Type of Temperature: Axillary									
Heart Rate: 179 Heart Rate Source: Machine									
Resp. Rate: 34									
SAO2: 96									
O2 Delivery: ROOM AIR									
550030-B	Feed With Assistance				A			CP	
05/14/16 1200 BG 05/14/16 1711 BG							74.9		
- Document									
Current Diet: TODDLER									
Add'l Diet Restrict:									

WENDERSON, [REDACTED]

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Problem/Goal/Intervention Description				Sis Directions				From
Activity Type	Date	Time by Date	Recorded	Time by Date	Recorded	Time by Date	Comment	Units
Activity Date: 05/14/16 Time: 1500								
200021	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			5.3
Safety Checks Family Member At Bedside: Y Respiration Observed: Y Fall Precautions: Y Call Light/Telephone In Reach: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPW in use: N Pt. Off Unit: N High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE D-ORIENTED PATIENT'S 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.								
Activity Date: 05/14/16 Time: 1600								
400010	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
Vital Signs Vital Signs taken by a NA are reviewed by an RN. - Document 05/14/16 1600 BG 05/14/16 1706 BG Blood Pressure: BP Position: BP Type: Temp: 99.2 Type Of Temperature: Axillary Heart Rate: 152 Heart Rate Source: Machine Resp Rate: 20								
Activity Date: 05/14/16 Time: 1600								
200023	- Document	05/14/16 1500 BG	05/14/16 1706 BG	A	Q2H			21.4
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HENDERSON [REDACTED] -

Problem/Goal/Intervention Description				Sus Directions		From
Activity Type	Date	Time by Date	Recorded	Time by Comment	Units	Change
2000023	<p>High Fall Risk Intervention (continued)</p> <p>2. USE CORRECTIVE LENSES, if applicable.</p> <p>3. ASSIST WITH NAVIGATION.</p> <p>4. OFFER BATHROOM ASSISTANCE.</p> <p>5. USE NON-SKID FOOTWEAR.</p> <p>6. CLOSELY OBSERVE DISORIENTED PATIENT'S</p> <p>7. ENSURE ADEQUATE LIGHTING AT NIGHT</p> <p>8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).</p> <p>9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.</p> <p>10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.</p> <p>11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.</p> <p>12. KEEP ROOM FREE OF CLUTTER.</p>					
- Document	05/14/16	1700 BG	05/14/16	1708 BG		
Activity Date: 05/14/16 Time: 1706						
2000008	<p>IV Site #1: Check/Care</p> <p>A Q2H</p> <p>PS</p>					
- Create	05/14/16	1706 BG	05/14/16	1706 BG		
Activity Date: 05/14/16 Time: 1824						
4500100	<p>Intake</p> <p>05/14/16 1824 BG 05/14/16 1825 BG</p> <p>A 06,18 10.7</p> <p>CP</p>					
- Document	05/14/16	1824 BG	05/14/16	1825 BG		
<p>ORAL - Just H2O (ml):</p> <p>ORAL (not water) ml: 120</p> <p>Tube Feed (ml):</p> <p>NGT Tube Flushes (ml):</p> <p>PPO Tube Flushes (ml):</p> <p>IV (ml): 100</p> <p>IVPB (ml):</p> <p>TEN (ml):</p> <p>Lipid (ml):</p> <p>Blood (ml):</p>						
Activity Date: 05/14/16 Time: 1825						
450100	<p>Output</p> <p>05/14/16 1825 BG 05/14/16 1825 BG</p> <p>A 06,18 10.7</p> <p>CP</p>					
- Document	05/14/16	1825 BG	05/14/16	1825 BG		
<p>Urine voided (ml):</p> <p>Urine cath. (ml): Date Cath Inserted:</p> <p>Color of Urine: NOT OBSERVED</p> <p>Character of Urine: Not Observed</p> <p>Urine Intact Est (ml):</p> <p>If No Output, is p. On Dialysis:</p> <p>Void X NW: 3 Last Void Date: 05/14/16 Last Void Time: Date Of Last BV: 05/14/16</p> <p>Stool X: 1 Stool Weight cc's</p> <p>Stool Consistency:</p> <p>Color Of Stool:</p> <p>Amount Of Stool:</p>						

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 Henderson
 Willis-Knighton South Nursing ***LIVE***
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				From			
Activity	Occured	Recorded	Directions	Activity	Occured	Recorded	Directions
Type	Date	Time by Date	Units	Type	Date	Time by Date	Units
Problem/Goal/Intervention Description				From			
Activity Date: 05/14/16 Time: 1920 (continued)				Time: 1920 (continued)			
100506	Discharge Assessment/Planning (continued)			100507	Reassessment/Evaluation - Pediatrics (continued)		
Arrangements Made to Meet Need(s): Y				SCDs in place at beginning of shift: N TEDS in place at beginning of shift: N			
: ONGOING				Maintain Central Line: C/PCC/SWAN/PORT/HD CATHETER/CAL/CVC/BROVIAC? (Y/N): N			
:				Can this line be removed? (Y/N): N			
:				Maintain Peripheral IV or PRN Adaptor Y/N: N			
100507	Reassessment/Evaluation - Pediatrics A			*Restraints: N *Restraint Type:			
Direction: -07,19 Document when done				Has patient had an adverse drug reaction this shift: N			
- Document 05/14/16 1920 CT 05/14/16 2000 CT				If yes, name of Med: Type of Reaction:			
Date: 05/14/16 Shift: 7P - 7A				Does the Patient Have any Complaints or Specific Needs: N			
Focus / Plan For The Day: COMFORT/SAFETY NEEDS				Specific Needs: CALL NURSE FOR ONSET OF FUSSINESS			
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 05/14/16				Precautions: N Type of Precautions:			
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N				Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N			
Level Of Alertness: Responds to parent				*Is patient DO NOT RESUSCITATE: N			
*Excitation/Psych Assem: Pediatric/quiets easily				Pediatric Fall Risk Assessment			
Ventilator N				Age: 4			
Respirators: Labored				(4) Less than 3 years old			
Cough: Non-productive				(3) 3 to less than 7 years old			
Amount Expectorated: Not Observed				(2) 7 to less than 13 year old			
Expectorant Color: Not Observed				(1) 13 years and above			
O2: Y O2 Delivery: 1 LVP/NC				Gender: 1			
Pulse Quality: Normal Pulsation				(2) Male (1) Female			
Edema Of Extremity: None				Diagnosis: 3			
Abdomen: Soft/Active Bowel Sounds				(4) Neurological Diagnosis			
Bowel Movement This Shift: N Date Of Last Bowel Movement:				(3) Alteration in Oxygenation			
Are You Having PAIN / DISCOMFORT Now: N				Respiratory Diagnosis, Dehydration,			
Is this a new episode of pain: N				Anemia, Anorexia, Sycospe,			
Location Of Pain:				Dizziness, etc.			
Duration Of Pain:				(2) Psych/Behavioral Disorders			
Character Of Pain:				(1) Other Diagnosis			
Onset Of Pain:				Cognitive Impairment: 2			
Pain Relieved By:				(3) Not Aware of Limitations			
Pain Made Worse By:				(2) Forget Limitations			
Pain scale used to assess pain:				(1) Oriented to Own Ability			
Pain score: 0				----- Pain Interventions -----			
Pharmacologic (see MAR):				SENS PERCEP			
Non-Pharmacologic:				MOISTURE			
Emotional support:				ACTIVITY			
Comfort measures:				MOBILITY			
Cognitive techniques:				NUTRITION			
Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N				FRIC/Shear			
Color Of Urine: NOT OBSERVED				Significant Problem			
Character Of Urine: Not Observed				Problem			
IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N				Problem			

----- BRAJEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) -----
 1 2 3 4
 SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment
 MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist
 ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate
 MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation
 NUTRITION Very Poor Inadequate Adequate Excellent
 FRIC/Shear Significant Problem Problem Potential Problem No Apparent Problem

Age/Sex: 4Y 04X F Attending: Oji, Greg M.D. Account #: K32346629 Admitted: 05/14/16 at 0328 Location: 5ES Status: Dis En Room/Bed: K.ESS-4-1

Printed 10/01/19 at 1352

Problem/Goal/Intervention Description				Status Directions			
Activity	Occurred	Recorded	From	Activity	Occurred	Recorded	From
Type	Date	Time by Date	Units	Type	Date	Time by Date	Units
Activity Date: 05/14/16 Time: 1920 (continued)				Activity Date: 05/14/16 Time: 2130 (continued)			
1-D Patient Education (continued)				200008 IV Site #1 Check/Care (continued)			
*Medication (Y/N): Y (ROCEPHIN, MAG SULPHATE X 1 DOSE, TYLENOL, SOLIMEDROL				Type Of IV Solution: #1 (free text): D5 1/2NS WITH 20MEQ KCL			
*New Medication (Y/N): Y (ROCEPHIN, MAG SULPHATE, SOLIMEDROL				Rate (cc/hr) #: 55			
Education :				Site Changed #: :			
*Follow-up care (Y/N): Y (PER MD				IVPB Tubing Changed #: :			
Rehab/Resources (Y/N): N :				PSI Limit Settings #: :			
*Nutrition (Y/N): Y (REGULAR FOR AGE				PSI Actual Reading #: :			
Other Teaching: ORIENTED TO ROOM, PT. HANDHOOK, PT. EDUCATION CHANNEL 95,				IV Dressing Changed Site #: :			
: PEET SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST				IV Dressing Changed Time #: :			
If applicable, pt has demonstrated competence to self administer medications: N				Date IV (#1) started: 05/14/16 Time IV (#1) started: A Q2H			
Medi: NA Med2: NA Med3: NA				200021 Safety Checks			
Method Of Instruction: Explain & Handout				- Document 05/14/16 2130 CT 05/14/16 2334 CT			
Evidence Of Learning Demonstrated By: Expresses Understanding				Family Member At Bedside: Y Respiration: Observed: Y			
200023 High Fall Risk Intervention A Q2H				Call light/telephone in Reach: Y Fall Precautions: Y			
Pt. and, as needed, their family, are				Crib Rails (Up / Down): Not Applicable			
educated on the fall reduction program				Number Of Bed Rails Up: 2			
and any individualized fall reduction				Are bedrails up because of meds given: N			
strategies, including, but not limited				Bed Brakes Locked: Y			
to:				Bed High OR Low Position: LOW			
1. MEDICATION REVIEW (vasoactive drugs,				All Alarms On and Audible: Y			
antipsychotics, antihistamines,				CPM in use: N			
diuretics, etc).				Pt. Off Unit: N			
2. USE CORRECTIVE LENSES, if applicable.				High Fall Risk Intervention A Q2H			
3. ASSIST WITH AMBULATION.				Pt. and, as needed, their family, are			
4. OFFER BATHROOM ASSISTANCE.				educated on the fall reduction program			
5. USE NON-SKID FOOTWEAR.				and any individualized fall reduction			
6. CLOSELY OBSERVE DISORIENTED PATIENTS				strategies, including, but not limited			
7. ENSURE ADEQUATE LIGHTING AT NIGHT				to:			
8. USE PROTECTIVE/ASSISTIVE DEVICES				1. MEDICATION REVIEW (vasoactive drugs,			
(W/C, Geri-chairs, etc).				antipsychotics, antihistamines,			
9. EDUCATE FAMILY TO REINFORCE FALL				diuretics, etc).			
PREVENTION STRATEGIES.				2. USE CORRECTIVE LENSES, if applicable.			
10. INSTRUCT PATIENT TO ASK FOR				3. ASSIST WITH AMBULATION.			
ASSISTANCE OUT OF BED.				4. OFFER BATHROOM ASSISTANCE.			
11. ENSURE PATIENT CARE ITEMS ARE				5. USE NON-SKID FOOTWEAR.			
WITHIN REACH.				6. CLOSELY OBSERVE DISORIENTED PATIENTS			
12. KEEP ROOM FREE OF CLUTTER.				7. ENSURE ADEQUATE LIGHTING AT NIGHT			
Activity Date: 05/14/16 Time: 2130				8. USE PROTECTIVE/ASSISTIVE DEVICES			
CT 05/14/16 2000 CT				(W/C, Geri-chairs, etc).			
200008 IV Site #1 Check/Care				9. EDUCATE FAMILY TO REINFORCE FALL			
- Document 05/14/16 2130 CT 05/14/16 2334 CT				PREVENTION STRATEGIES.			
IV Site #: Right Hand				10. INSTRUCT PATIENT TO ASK FOR			
Peripherally Inserted Central Catheter (Y/N): N				ASSISTANCE OUT OF BED.			
Site Description #: Normal				11. ENSURE PATIENT CARE ITEMS ARE			
				WITHIN REACH.			
				12. KEEP ROOM FREE OF CLUTTER.			
				Activity Date: 05/14/16 Time: 2130			
				CT 05/14/16 2000 CT			
				200008 IV Site #1 Check/Care			
				- Document 05/14/16 2130 CT 05/14/16 2334 CT			
				IV Site #: Right Hand			
				Peripherally Inserted Central Catheter (Y/N): N			
				Site Description #: Normal			

Age/Sex: 4Y 04Y F Attending: Oji, Greg M.D. HENDERSON, ALTYA L
 Unit #: K060629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: 5E5 Willis-Knighton South Nursing *LIVE*
 Status: D-S IN Room/Bed: K.55514-1 HEMS PRNT ALL NURSING INFORMATION

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Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Comment	Units	Directions	Documented	Change
Activity Date: 05/14/16 Time: 2330									
200008	IV Site #1: Check/Care	05/14/16 2330 CT	05/14/16 2334 CT		A Q2H	8.0		PS	
- Document	IV Site #1: Right Hand								
	Peripherally Inserted Central Catheter (Y/N): N								
	Site Description #1: Normal								
	Rate (cc/hr) #1: 55								
	Site Changed #1:								
	IV Tubing Changed #1:								
	IVPS Tubing Changed #1:								
	PSI Limit Settings #1:								
	PSI Actual Reading #1:								
	IV Dressing Changed Site #1:								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 05/14/16 Time IV (#1) started:								
	Safety Checks								
- Document	05/14/16 2330 CT	05/14/16 2334 CT			A Q2H	5.3		CP	
	Family Member At Bedside: Y								
	Respiration Observed: Y								
	Fall Precautions: Y								
	Call Light/Telephone In Reach: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 2								
	Are bedrails up because of meds given: N								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: Y								
	CPM in use: N								
	Pt. Off Unit: N								
200023	High Fall Risk Intervention				A Q2H			CP	
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE								
Activity Date: 05/14/16 Time: 2333									
400020	Vital Signs				A Q4H			CP	
	Vital Signs taken by a NNA are reviewed by an RN.								
- Document	05/14/16 2333 CT	05/14/16 2333 CT				21.4			
	Blood Pressure:								
	BP Type:								
	Temp: 99.1								
	Type Of Temperature: Axillary								
	Heart Rate: 152								
	Heart Rate Source: Machine								
	Resp. Rate: 30								
	SAC2: 95								
	O2 Delivery: 1 LNP/NC								
Activity Date: 05/15/16 Time: 0130									
200008	IV Site #1 Check/Care				A Q2H	8.0		PS	
- Document	05/15/16 0130 CT	05/15/16 0414 CT							
	IV Site #1: Right Hand								
	Peripherally Inserted Central Catheter (Y/N): N								
	Site Description #1: Normal								
	Rate (cc/hr) #1: 55								
	Type Of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KCL								
	Site Changed #1:								
	IV Tubing Changed #1:								
	IVPS Tubing Changed #1:								
	PSI Limit Settings #1:								
	PSI Actual Reading #1:								
	IV Dressing Changed Site #1:								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 05/14/16 Time IV (#1) started:								
	Safety Checks								
- Document	05/15/16 0130 CT	05/15/16 0414 CT			A Q2H	5.3		CP	
	Family Member At Bedside: Y								
	Respiration Observed: Y								
	Fall Precautions: Y								
	Call Light/Telephone In Reach: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 2								
	Are bedrails up because of meds given: N								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: Y								
	CPM in use: N								
	Pt. Off Unit: N								
200023	High Fall Risk Intervention				A Q2H			CP	
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE								
Activity Date: 05/14/16 Time: 2334 CT									
200023	High Fall Risk Intervention (continued)								
	WITHIN REACH.								
	12. KEEP ROOM FREE OF CLUTTER.								
- Document	05/14/16 2330 CT	05/14/16 2334 CT							
Activity Date: 05/14/16 Time: 2333									
400020	Vital Signs				A Q4H			CP	
	Vital Signs taken by a NNA are reviewed by an RN.								
- Document	05/14/16 2333 CT	05/14/16 2333 CT				21.4			
	Blood Pressure:								
	BP Type:								
	Temp: 99.1								
	Type Of Temperature: Axillary								
	Heart Rate: 152								
	Heart Rate Source: Machine								
	Resp. Rate: 30								
	SAC2: 95								
	O2 Delivery: 1 LNP/NC								
Activity Date: 05/15/16 Time: 0130									
200008	IV Site #1 Check/Care				A Q2H	8.0		PS	
- Document	05/15/16 0130 CT	05/15/16 0414 CT							
	IV Site #1: Right Hand								
	Peripherally Inserted Central Catheter (Y/N): N								
	Site Description #1: Normal								
	Rate (cc/hr) #1: 55								
	Type Of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KCL								
	Site Changed #1:								
	IV Tubing Changed #1:								
	IVPS Tubing Changed #1:								
	PSI Limit Settings #1:								
	PSI Actual Reading #1:								
	IV Dressing Changed Site #1:								
	IV Dressing Changed Time #1:								
	Date IV (#1) started: 05/14/16 Time IV (#1) started:								
	Safety Checks								
- Document	05/15/16 0130 CT	05/15/16 0414 CT			A Q2H	5.3		CP	
	Family Member At Bedside: Y								
	Respiration Observed: Y								
	Fall Precautions: Y								
	Call Light/Telephone In Reach: Y								
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 2								
	Are bedrails up because of meds given: N								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: Y								
	CPM in use: N								
	Pt. Off Unit: N								
200023	High Fall Risk Intervention				A Q2H			CP	
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE								

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Problem/Goal/Intervention Description					Sts Directions			From	
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units					Charge
200023	High Fall Risk Intervention (continued)								
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).									
2. USE CORRECTIVE LENSES, if applicable.									
3. ASSIST WITH AMBULATION.									
4. OFFER BATHROOM ASSISTANCE.									
5. USE NON-SKID FOOTWEAR.									
6. CLOSELY OBSERVE DISORIENTED PATIENTS									
7. ENSURE ADEQUATE LIGHTING AT NIGHT									
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).									
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.									
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.									
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.									
12. KEEP ROOM FREE OF CLUTTER.									
- Document	05/15/16 0130 CT	05/15/16 0414 CT							
Activity Date: 05/15/16					Time: 0330				
200008	IV Site #1: Check/Care								
- Document	05/15/16 0330 CT	05/15/16 0414 CT		8.0	A	Q2H		PS	
IV Site #2: Right Hand									
Peripherally Inserted Central Catheter (N/N): N									
Site Description #1: Normal									
Rate (cc/hr) #1: 55									
Type of IV solution #1 (free text): D5 1/2NS WITH 20MEQ KCL									
Site Changed #1:									
IV Tubing Changed #1:									
IVPB Tubing Changed #1:									
Pst Limit Settings #1:									
Pst Actual Reading #1:									
IV Dressing Changed Site #1:									
Date IV #1 started: 05/14/16									
Time IV #1 started: A									
200021	Safety Checks								
- Document	05/15/16 0330 CT	05/15/16 0414 CT		5.3	A	Q2H		CP	
Family Member At Bedside: Y									
Fall Precautions: Y									
Call Light/Telephone In Reach: Y									
Crib Rails (Up / Down): Not Applicable									
Number Of Bed Rails Up: 2									
Are bedrails up because of meds given: N									
Bed Brakes Locked: Y									
Bed High OR Low Position: LOW									
All Alarms On and Audible: Y									
CPW in use: N									
Prt. Off Unit: N									

Problem/Goal/Intervention Description					Sts Directions			From	
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units					Charge
200023	High Fall Risk Intervention								
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:									
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).									
2. USE CORRECTIVE LENSES, if applicable.									
3. ASSIST WITH AMBULATION.									
4. OFFER BATHROOM ASSISTANCE.									
5. USE NON-SKID FOOTWEAR.									
6. CLOSELY OBSERVE DISORIENTED PATIENTS									
7. ENSURE ADEQUATE LIGHTING AT NIGHT									
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).									
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.									
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.									
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.									
12. KEEP ROOM FREE OF CLUTTER.									
- Document	05/15/16 0330 CT	05/15/16 0414 CT							
Activity Date: 05/15/16					Time: 0345				
400010	Vital Signs								
Vital Signs taken by a NAI are reviewed by an RN.									
- Document	05/15/16 0345 CT	05/15/16 0414 CT		21.4	A	Q4H		CP	
Blood Pressure: BP Position:									
BP Type:									
Temp: 98.4 Type Of Temperature: Axillary									
Heart Rate: 130 Heart Rate Source: Machine									
Resp. Rate: 28									
SpO2: 98									
O2 Delivery: 1 LMP/NC									
450010	Intake								
- Document	05/15/16 0345 CT	05/15/16 0413 CT			A	06.15			10.7
ORAL - Just H2O (ml):									
ORAL (hot water) ml: 480									
Tube Feed (ml):									
NG Tube Flushes (ml):									
PBG Tube Flushes (ml):									
IV (ml): 660									
IVPB (ml): 5									
TPN (ml):									
Total (ml):									

Age/Sex: 4Y 04X F Attending: Oji, Greg M.D. Henderson
 Unit #: K00629604 Account #: K32346629
 Admitted: 05/14/16 at 0328 Location: SES
 Status: DIS IN Room/Bed: K.E554-1
 Printed 10/01/19 at 1352
 Wills-Knighton South Nursing **LIVE**
 HNS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by	Comment	Units	Documented	Sts	Directions	From
Activity Date: 05/15/16 Time: 0530 (continued)									
450010	Intake (continued)								
450100	Output								
- Document	05/15/16 0345 CT	05/15/16 0413 CT	A	06:18	10.7				CP
Urine voided (ml): Urine cath. (ml): Color of Urine: Character of Urine: Urine Intact (ml): Urine on Dialysis: Voids X NY: 5 Last Void Date: 05/15/16 Last Void Time: Stool X: 0 Stool Weight cc's Date Of Last BX: Stool Consistency: Color of Stool: Amount of Stool: Ileostomy (ml): New Colostomy Output: Old Colostomy Output (Num. of stools): NG (ml): Emesis (ml): Rectal Tube (ml): Inst. Bid Loss (ml): Yeas Bid Loss (ml): Chest Tube #1 (ml): Chest Tube #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Crostomy (ml): Nephrostomy (ml): WOUND EVAC. #1 (ml): Amt. Of Or Asp. Of Visc. Body Fluid (ml): Source Of Output Of Asp. Of - Visc. Body Fluid:									
Activity Date: 05/15/16 Time: 0530									
200008	IV Site #1 Check/Care								PS
- Document	05/15/16 0530 CT	05/15/16 0605 CT	A	Q2H	8.0				
IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 55 Site Changed #1: IV Tubing Changed #1: IVPA Tuning Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1:									
Activity Date: 05/15/16 Time: 0730									
200008	IV Site #1 Check/Care								PS
- Document	05/15/16 0730 BG	05/15/16 1057 BG	A	Q2H	8.0				
IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 55									

200008 IV Site #1 Check/Care (continued)

IV Dressing Changed Time #1:
 Date IV #1 started: 05/14/16 Time IV #1 started:
 20002: Safety Checks A Q2H
 - Document 05/15/16 0530 CT 05/15/16 0605 CT
 Family Member At Bedside: Y Respiration Observed: Y
 Call Light/Telephone In Reach: Y Fall Precautions: Y

Crib Rails (Up / Down): Not Applicable
 Number Of Bed Rails Up: 2
 Are bedrails up because of meds given: N
 Bed Brakes Locked: Y
 Bed High OR Low Position: LOW
 All Alarms On and Audible: Y
 CPW in use: N
 Pt. Off Unit: N

200023 High Fall Risk Intervention
 Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:

1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).
2. USE CORRECTIVE LENSES, if applicable.
3. ASSIST WITH AMBULATION.
4. OFFER BATHROOM ASSISTANCE.
5. USE NON-SKID FOOTWEAR.
6. CLOSELY OBSERVE DISORIENTED PATIENTS
7. ENSURE ADEQUATE LIGHTING AT NIGHT
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.
12. KEEP ROOM FREE OF CLUTTER.

- Document 05/15/16 0530 CT 05/15/16 0605 CT

Problem/Goal/Intervention Description				S/S Directions			
Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented
Type	Date	Time	By	Type	Date	Time	By
Activity Date: 05/15/16 Time: 0730 (continued)				Activity Date: 05/15/16 Time: 0730 (continued)			
100507	Reassessment/Evaluation - Pediatrics (continued)			100507	Reassessment/Evaluation - Pediatrics (continued)		
<p>Is this a new episode of pain: N</p> <p>Location Of Pain:</p> <p>Duration Of Pain:</p> <p>Character Of Pain:</p> <p>Onset Of Pain:</p> <p>Pain Relieved By:</p> <p>Pain Made Worse By:</p> <p>Pain scale used to assess pain:</p> <p>Pain score: 0</p> <p>-----Pain Interventions-----</p> <p>Pharmacologic (see MAR):</p> <p>Non-Pharmacologic:</p> <p>Emotional support:</p> <p>Comfort measures:</p> <p>Cognitive techniques:</p> <p>Voiding: Y Tidwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N</p> <p>Color Of Urine: NOT OBSERVED</p> <p>Character Of Urine: Not Observed</p> <p>IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N</p> <p>SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N</p> <p>Maintain Central Line: TIC/PTCC/SWAX/PORT/HD CATHETER/UAC/JVC/BROVAC? (Y/N): N</p> <p>Can this line be removed? (Y/N): N</p> <p>Maintain Peripheral IV or PRN Adapter Y/N: N</p> <p>*Restraints: N *Restraint Type:</p> <p>Has patient had an adverse drug reaction this shift: N</p> <p>If yes, name of Med:</p> <p>Type of Reaction:</p> <p>Does the Patient Have any Complaints Or Specific Needs: N</p> <p>Specific Needs: ONE NURSE FOR ONSET OF FUSSYNESS</p> <p>Specific Needs: PEDI PAIN SCALE</p> <p>Precautions: N Type of Precautions:</p> <p>Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N</p> <p>*Is patient DO NOT RESUSCITATE: N</p> <p>Standard Precautions: Y</p> <p>Environmental Factors: 2</p> <p>(4) History of Fall or Infant-Toddler Placed in Bed</p> <p>(3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting</p> <p>(2) Patient Placed in Bed</p> <p>(1) Outpatient Area</p> <p>Response to Surgery/Sedation/Anesthesia C</p>				<p>CP</p> <p>IV Site #: Check/Care (continued)</p> <p>Type Of IV Solution #: (free text): D5 1/2NS WITH 20MEQ KC</p> <p>Site Changed #1:</p> <p>IV Tubing Changed #1:</p> <p>IVPS Tubing Changed #1:</p> <p>PSI Limit Settings #1:</p> <p>PSI Actual Reading #1:</p> <p>IV Dressing Changed Site #1:</p> <p>IV Dressing Changed Time #1:</p> <p>Date IV (#1) started: 05/14/16 Time IV (#1) started: A AS NEEDED</p> <p>100006 Discharge Assessment/Planning</p> <p>- Document 05/15/16 0730 BG 05/15/16 1056 BG</p> <p>Discharge Problems/Needs Identified: Y</p> <p>IDE:</p> <p>WARNINGS</p> <p>IF/IG CARE</p> <p>WHEN TO SEEK MEDICAL ATTENTION</p> <p>Arrangements Made to Meet Need(s): Y</p> <p>ONGOING</p> <p>100507 Reassessment/Evaluation - Pediatrics A</p> <p>Direction -> 0715 Document when done</p> <p>- Document 05/15/16 0730 BG 05/15/16 1057 BG 0.0</p> <p>Date: 05/15/16 Shift: 7A - 7P</p> <p>Focus / Plan For The Day: COMFORT/SAFETY MEASURES</p> <p>Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 05/15/16</p> <p>Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N</p> <p>Level Of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive</p> <p>*Exterior/Physic Asst: Pediatric/quiets easily Responds: Spontaneously</p> <p>Ventilator N</p> <p>Respirations: Labored</p> <p>*Breath Sounds: Coarse</p> <p>Cough: Non-productive</p> <p>Amount Expectorated: Not Observed</p> <p>Expectorant Color: Not Observed</p> <p>O2: Y O2 Delivery: 1 LMP/KC</p> <p>Pulse Quality: Normal Pulsation</p> <p>Edema Of Extremity: None</p> <p>Bowel's Sign: Not Indicated</p> <p>Abdomen: Soft/Active Bowel Sounds</p> <p>Bowel Sounds: Normal</p> <p>Bowel Movement This Shift: N Date Of Last Bowel Movement:</p> <p>Are You Having Pain / DISCOMFORT Now: N</p>			

Problem/Goal/Intervention Description					Sta Directions				From
Activity Type	Occurred Date	Recorded Time	By Date	Documented Units	Comment	Time	By Date	Documented Units	Charge
Activity Date: 05/15/16 Time: 0730 (continued)									
100507	Reassessment/Evaluation - Pediatrics (continued)								
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc.):									
:	:SKIN CDL.								
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
102000	Emotional Support/Teaching								
:	Document	05/15/16 0730 BG	05/15/16 1057 BG	AS NEEDED	80.2				CP
400000	Vital Signs								
:	Vital Signs taken by a NAI are reviewed								
:	by an RN.								
:	Document	05/15/16 0730 BG	05/15/16 1058 BG	21.4					CP
:	Blood Pressure:								
:	BP Type:								
:	Temp: 98.7 Type Of Temperature: Axillary								
:	Heart Rate: 122 Heart Rate Source: Machine								
:	Resp. Rate: 22								
:	SAO2: 100								
:	O2 Delivery: 2 LMP/NC								
200021	Safety Checks								
:	Document	05/15/16 0730 BG	05/15/16 1057 BG	5.3					CP
:	Family Member At Bedside: Y								
:	Respiration Observed: Y								
:	Call Light/Telephone In Reach: Y								
:	Fall Precautions: Y								
Crib Rails (Up / Down): Not Applicable									
Number Of Bed Rails Up: 2									
Are bedrails up because of restraints given: N									
Bed Brakes Locked: Y									
Bed High OR Low Position: LOW									
All Alarms On and Audible: Y									
CPW in use: N									
Pt. Off Unit: N									
100	Patient Education								
:	Document	05/15/16 0730 BG	05/15/16 1056 BG	0.0					CP
:	Learner: Mother								
:	Learner's Preferred Method: One-on-One Teaching								
:	Language Spoken (002): English								
:	If Other, Describe:								
*Religious or Cultural practices that may affect learning: N									
If YES, describe:									
*Physical limitations that may affect learning (Y/N): N									
If YES, describe:									

Age/Sex: 4Y 04Y F Attending: O'J, Greg M V.D.
Unit #: K000529604 Account #: K32346629
Admitted: 05/24/06 at 0328 Location: 5E5
Status: T8 N Room/Bed: K.E5514-

Problem/Goal/Intervention Description	Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Directions	From
200023 High Fall Risk Intervention (continued) 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gerti-chairs, etc) 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 0730 BG 05/15/16 1057 BG							
Activity Date: 05/15/16 Time: 0802							
550030 B Feed With Assistance - Document 05/15/16 0800 BG 05/15/16 1534 BG Current Diet: TENDER Add'l Diet Restrict: Meal: Breakfast Percentage of Meal Eaten: Ate 25% Supplement: Percentage of Supplement Consumed:					74.9	A MEALTIMES	CP
Activity Date: 05/15/16 Time: 0900							
200008 IV Site #1 Crack/Care - Document 05/15/16 0900 BG 05/15/16 1103 BG IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 55 Type of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KCL Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PS Limit Settings #1: PS Actual Reading #1: IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200002 Safety Checks - Document 05/15/16 0900 BG 05/15/16 1103 BG Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y					8.0	A Q2H	PS
Activity Date: 05/15/16 Time: 0900							
200023 Patient Education (continued) Cognitive limitations that may affect learning (Y/N): N If YES, describe: Emotional limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: NIGHTLY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN REACH, ADULT AT BEDSIDE AT ALL TIMES, PEDI SECURITY SHEET Is patient/family motivated to learn: (Y/N): Y If NO, explain: LEARNING NEEDS TEACHING SUMMARY *Disease (Y/N): Y :BRONCHOLITIS Isolation (Y/N): N : *Equipment (Y/N): Y :CALL LIGHT *Procedure (Y/N): Y :ASSESSMENT *Medication (Y/N): Y :ROCEPHIN, MAG SULPHATE X 1 DOSE, TY-ENOL, SOLEMEBROL *New Medication (Y/N): Y :ROCEPHIN, MAG SULPHATE, SOLEMEBROL Education: :TY-ENOL AS NEEDED FOR TEMP Follow-up care (Y/N): Y :PER MD Renab/Resources (Y/N): N : *Nutrition (Y/N): Y :REGULAR FOR AGE Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95, : PEDI SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST If applicable, pt has demonstrated competence to self administer medications: N Med1: NA Med2: NA Med3: NA Method Of Instruction: Explain & Handout Evidence Of Learning Demonstrated By: Expresses Understanding High Fall Risk Intervention A Q2H Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE							CP

Age/Sex: 4Y 04M F Attending: C.J., Greg M.D. Account #: K000629604 Unit #: K000629604 Admitted: 05/14/16 at 0328 Location: SES Status: DIS IN Room/Bed: K.E5514-1

HENDERSON Y/N: 1

Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units	Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units
Activity Date: 05/15/16 Time: 0900 (continued)				Activity Date: 05/15/16 Time: 1100 (continued)			
200021	Safety Checks (continued) CPM in use: N Pt. Off Unit: N			200008	IV Site #1 Check/Care (continued) IV Dressing Changed Time #1: Date IV #1 started: 05/14/16 Time IV #1 started: 05/15/16 1104 BG		CP
200023	High Fall Risk Intervention: Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AVIGATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.		A Q2H	200021	Safety Checks Family Member At Bedside: Y Call Light/telephone in Reach: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N		A Q2H 5.3
Activity Date: 05/15/16 Time: 1030				Activity Date: 05/15/16 Time: 1200			
800515	Physician Rounds Document 05/15/16 1030 BG 05/15/16 1116 BG		A DAILY 0.0	200023	High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AVIGATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.		A Q2H
Activity Date: 05/15/16 Time: 1100				Activity Date: 05/15/16 Time: 1200			
200008	IV Site #1 Check/Care Document 05/15/16 1100 BG 05/15/16 1104 BG		A Q2H 8.0	- Document	05/15/16 1100 BG 05/15/16 1104 BG		CP
Activity Date: 05/15/16 Time: 1100				Activity Date: 05/15/16 Time: 1200			
200008	IV Site #1 Check/Care Document 05/15/16 1100 BG 05/15/16 1104 BG		A Q2H 8.0	550030-B	Feed With Assistance Document 05/15/16 1200 BG 05/15/16 1534 BG		A MEALTIMES 74.9
Activity Date: 05/15/16 Time: 1100				Activity Date: 05/15/16 Time: 1200			
200008	IV Site #1 Check/Care Document 05/15/16 1100 BG 05/15/16 1104 BG		A Q2H 8.0	Percentage of Meal Eaten: Ate 33%			

Age/Sex: 4Y 04M F Attending: O.J., Greg X.M.D.
Unit #: K000629604 Account #: K32346629
Admitted: 05/14/-6 at 0328 Location: 5E5
Status: D/S IN Room/Bed: K.E55-4-1

Problem/Goal/Intervention Description				From
Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units	Charge
200023	High Fall Risk Intervention (continued) (W/C, Geri-Chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER.	05/15/16 1300 BG 05/15/16 1357 BG	PS	8.0
Activity Date: 05/15/16 Time: 1300				
200008	IV Site #1 Check/Care 05/15/16 1300 BG 05/15/16 1357 BG	A Q2H	PS	8.0
- Document IV Site #1: Right Hand				
Peripherally Inserted Central Catheter (Y/N): N				
Site Description #1: Normal				
Rate (cc/hr) #1: 10				
Type Of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KC				
Site Changed #1:				
IV Tubing Changed #1:				
IVPB Tubing Changed #1:				
PS Limit Settings #1:				
PSI Actual Reading #1:				
IV Dressing Changed Site #1:				
IV Dressing Changed Time #1:				
Date IV (#1) started: 05/14/16 Time IV (#1) started:				
200021 Safety Checks				
- Document 05/15/16 1300 BG 05/15/16 1357 BG				
Family Member At Bedside: Y				
Call Night/Telephone In Reach: Y				
Are bedrails up because of meds given: N				
Bed Brakes Locked: Y				
Bed High OR Low Position: LOW				
All Alarms On and Audible: Y				
CPM in use: N				
Pt. Off Unit: N				
High Fall Risk Intervention				
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:				
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).				
2. USE CORRECTIVE LENSES, if applicable.				
3. ASSIST WITH AMBULATION.				
4. OFFER BATHROOM ASSISTANCE.				
5. USE NON-SKID FOOTWEAR.				
6. CLOSELY OBSERVE D-SORIENTED PATIENTS				
7. ENSURE ADEQUATE LIGHTING AT NIGHT				
8. USE PROTECTIVE/RESTRAINT DEVICES				
9. OTHER ROOMROOM ASSISTANCE				
200023				
High Fall Risk Intervention (continued)				
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:				
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).				
2. USE CORRECTIVE LENSES, if applicable.				
3. ASSIST WITH AMBULATION.				
4. OFFER BATHROOM ASSISTANCE.				
5. USE NON-SKID FOOTWEAR.				
6. CLOSELY OBSERVE D-SORIENTED PATIENTS				
7. ENSURE ADEQUATE LIGHTING AT NIGHT				
8. USE PROTECTIVE/RESTRAINT DEVICES				
9. OTHER ROOMROOM ASSISTANCE				

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Date	Occurred Time	Recorded Time	By	Comment	Units	Charge		
Activity Date: 05/15/16 Time: 1700 (continued)									
200022	Safety Checks (continued)			Bed High OR Low Position: LOW					
	All Alarms On and Audible: Y			CPX in Use: Y					
	Pt. Off Unit: N			A Q2H					
200023	High Fall Risk Intervention			Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:			CP		
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antiemetics, etc).									
2. USE CORRECTIVE LENSES, if applicable.									
3. ASSIST WITH AMBULATION.									
4. OFFER BATHROOM ASSISTANCE.									
5. USE NON-SKID FOOTWEAR.									
6. CLOSELY OBSERVE DISORIENTED PATIENTS									
7. ENSURE ADEQUATE LIGHTING AT NIGHT									
8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).									
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.									
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.									
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.									
12. KEEP ROOM FREE OF CLUTTER.									
- Document	05/15/16	1500	BG	05/15/16	1530	BG			
Activity Date: 05/15/16 Time: 1600									
400010	Vital Signs			Vital Signs taken by a N/A are reviewed by an RN.			A Q4H		
- Document	05/15/16	1600	BG	05/15/16	1709	BG	21.4		
BP Type:									
Temp: 98.2 Type Of Temperature: Axillary									
Heart Rate: 123 Heart Rate Source: Machine									
Resp. Rate: 24									
SAC2: 99 O2 Delivery: ROOM AIR									
Activity Date: 05/15/16 Time: 1700									
200008	IV Site #1: Check/Care			IV Site #1: Right Hand			A Q2H		
- Document	05/15/16	1700	BG	05/15/16	1710	BG	8.0		
Peripherally Inserted Central Catheter (Y/N): N									
Site Description #1: Normal									
Rate (cc/hr) #1: 10									
Type Of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KCL									
Site Charged #1:									
IV Tubing Charged #1:									
IVPS Tubing Charged #1:									
PSI Limit Settings #1:									
PSI Actual Reading #1:									
IV Dressing Charged Site #1:									
Date IV (#1) started: 05/14/16 Time IV (#1) started:									
Safety Checks									
200021	Family Member At Bedside: Y			Respiration Observed: Y			A Q2H		
- Document	05/15/16	1700	BG	05/15/16	1710	BG	5.3		
Call Light/Telephone In Reach: Y									
Fall Precautions: Y									
Crib Rails (Up / Down): Not Applicable									
Number Of Bed Rails Up: 2									
Are bedrails up because of meds given: N									
Bed Brakes Locked: Y									

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Time	Comment	Units	Documented	Change		
Activity Date: 05/15/16 Time: 1712								
100000	Document	05/15/16 1712 BG	05/15/16 1712 BG	10.7	CP			
<p>Output 05/15/16 1712 BG 05/15/16 1712 BG A 06:16 10.7</p> <p>Urine voided (ml):</p> <p>Urine cath. (ml): Date Cath Inserted:</p> <p>Color Of Urine: NOT OBSERVED</p> <p>Character Of Urine: Not Observed</p> <p>Urine Proc Est (ml):</p> <p>Urine Proc Est (ml):</p> <p>If No Output, Is Pt. On Dialysis:</p> <p>Void X NK: 3 Last Void Date: 05/15/16 Last Void Time:</p> <p>Stool Weight cc's Date Of Last BX: 05/15/16</p> <p>Stool X: 0 Stool Consistency:</p> <p>Color Of Stool:</p> <p>Amount Of Stool:</p> <p>Rectostomy (ml):</p> <p>New Colostomy Output:</p> <p>Old Colostomy Output (Num. of stools):</p> <p>NG (ml):</p> <p>Breast (ml):</p> <p>Rectal Tube (ml):</p> <p>Est. Bid Loss (ml):</p> <p>Meas Bid Loss (ml):</p> <p>Chest Tube #1 (ml):</p> <p>Chest Tube #2 (ml):</p> <p>Drain 1:</p> <p>Drain 2:</p> <p>Drain 3:</p> <p>Drain 4:</p> <p>Urostomy (ml):</p> <p>Nephrostomy (ml):</p> <p>WOUND EVAC. #1 (ml):</p> <p>Ant. Of Or Asp. Of Visc. Body Fluid (ml):</p> <p>Source Of Output Or Asp. Of - Visc. Body Fluid:</p>								
Activity Date: 05/15/16 Time: 2000								
200008	Document	05/15/16 2000 TDS	05/15/16 2051 TDS	8.0	PS			
<p>IV Site #1: Right Hand</p> <p>Peripherally Inserted Central Catheter (Y/N): N</p> <p>Site Description #1: Normal</p> <p>Rate (cc/hr) #1: 10</p> <p>Type Of IV Solution #1 (free text): DISCONTINUED</p> <p>Site Changed #1:</p> <p>IV Tubing Changed #1:</p> <p>IVPB Tubing Changed #1:</p> <p>PS: Limit Settings #1:</p> <p>PS: Actual Reading #1:</p> <p>IV Dressing Changed Site #1:</p> <p>IV Dressing Changed Time #1:</p> <p>Date IV (#1) started: 05/14/16 Time IV (#1) started:</p>								

Problem/Goal/Intervention Description				SLS Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Change
Activity Date: 05/15/16 Time: 2000 (continued)								
100507	Reassessment/Evaluation - Pediatrics (continued)							
(1) Oriented to Own Ability	Pain Risk Total: 13							
----- BRADEN SCALE FOR PEDS (LESS THAN 16 YEARS OLD) -----								
SENS PERCEP	Completely Limited	Very Limited	2	Slightly Limited	3	No Impairment	4	
MOISTURE	Constantly Moist	Very Moist		Occasionally Moist		Rarely Moist		
ACTIVITY	Bedfast	Chairfast		Walks Occasionally		Age Appropriate		
MOBILITY	Completely Immobile	Very Limited		Slightly Limited		No Limitation		
NUTRITION	Very Poor	Inadequate		Adequate		Excellent		
FRIC/T/SHED	Significant Problem	Problem		Potential Problem		No Apparent Problem		
PERF/OXYGEN	Extremely Compromised	Compromised		Adequate		Excellent		
Sensory Perception: 4 - No Impairment Moisture: 3 - Occasionally Moist Activity: 3 - Walks Occasionally Mobility: 4 - No Limitation Nutrition: 3 - Adequate Fric/T/Shear: 4 - No Apparent Problem Tissue Perfusion/Oxygenation: 3 - Adequate Total Braden Scale Score: 24								
I verify that I have performed a complete skin assessment and documented all findings below.								
Skin Color: Normal				Skin Temp/Character: Warm & Dry				
Skin Hydration: Normal								
Pressure Ulcer/Skin Impairment Since Previous Assessment: N								
If YES, list all location(s) and use the Skin Descriptor: look up and/or Free Text for FACH.								
LOCATION SKIN DESCRIPTION								
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):								
:SKIN CDI.								

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Willis-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M F
Unit #: K060629604
Account #: K32346629
Admitted: 05/14/16 at 0328
Status: DRS IN

Problem/Goal/Intervention Description				From			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Directions	Documented	Charge
Activity Date: 05/15/16 Time: 2000 (continued)							
100507		Reassessment/Evaluation - Pediatrics (continued)					
102088		Emotional Support/Teaching	A AS NEEDED	80.2	CP		
400010		Vital Signs taken by a NAI are reviewed by an RN.	A Q4H	21.4	CP		
		Blood Pressure:					
		Temp: 97.3 Type Of Temperature: Temporal					
		Heart Rate: 121 Heart Rate Source:					
		Resp. Rate: 24					
		SPO2: 100 C2 Delivery: ROOM AIR					
200021		Safety Checks	A Q2H	5.3	CP		
		Family Member At Bedside: Y					
		Call Light/Telephone In Reach: Y					
		Crib Rails (Up / Down): Not Applicable					
		Number Of Bed Rails Up: 2					
		Are bedrails up because of restraints given: N					
		Bed Brakes Locked: Y					
		Bed High Or Low Position: LOW					
		All Alarms On and Audible: Y					
		CPM in use: N					
		Pt. Off Unit: N					
		Patient Education:					
		Learner: Mother					
		Learner's Preferred Method: One-on-One Teaching					
		Language Spoken: (002): English					
		If Other, Describe:					
		*Religious or Cultural practices that may affect learning: N					
		If YES, describe:					
		*Physical limitations that may affect learning (Y/N): N					
		If YES, describe:					
		*Cognitive limitations that may affect learning (Y/N): N					
		If YES, describe:					
		*Emotional limitations that may affect learning (Y/N): N					
		If YES, describe:					
		If patient has pain, what issues have been discussed with patient regarding this:					
		*NOTIFY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE					
		Pt/Family encouraged to report concerns about Pt. safety issues: Y					
		What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN					

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Willis-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M F
Unit #: K060629604
Account #: K32346629
Admitted: 05/14/16 at 0328
Status: DRS IN

Problem/Goal/Intervention Description				From			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Directions	Documented	Charge
Activity Date: 05/15/16 Time: 2000 (continued)							
100507		Reassessment/Evaluation - Pediatrics (continued)					
102088		Emotional Support/Teaching	A AS NEEDED	80.2	CP		
400010		Vital Signs taken by a NAI are reviewed by an RN.	A Q4H	21.4	CP		
		Blood Pressure:					
		Temp: 97.3 Type Of Temperature: Temporal					
		Heart Rate: 121 Heart Rate Source:					
		Resp. Rate: 24					
		SPO2: 100 C2 Delivery: ROOM AIR					
200021		Safety Checks	A Q2H	5.3	CP		
		Family Member At Bedside: Y					
		Call Light/Telephone In Reach: Y					
		Crib Rails (Up / Down): Not Applicable					
		Number Of Bed Rails Up: 2					
		Are bedrails up because of restraints given: N					
		Bed Brakes Locked: Y					
		Bed High Or Low Position: LOW					
		All Alarms On and Audible: Y					
		CPM in use: N					
		Pt. Off Unit: N					
		Patient Education:					
		Learner: Mother					
		Learner's Preferred Method: One-on-One Teaching					
		Language Spoken: (002): English					
		If Other, Describe:					
		*Religious or Cultural practices that may affect learning: N					
		If YES, describe:					
		*Physical limitations that may affect learning (Y/N): N					
		If YES, describe:					
		*Cognitive limitations that may affect learning (Y/N): N					
		If YES, describe:					
		*Emotional limitations that may affect learning (Y/N): N					
		If YES, describe:					
		If patient has pain, what issues have been discussed with patient regarding this:					
		*NOTIFY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE					
		Pt/Family encouraged to report concerns about Pt. safety issues: Y					
		What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN					

Age/Sex: 4Y 04M F Attending: Oti, Greg M.D. Account #: K32346629
 Unit #: K00629604 Location: 5ES Room/Bed: K.E5514-1
 Admitted: 05/24/16 at 0328 Status: DIS IN
 WILLIS-KIGHTON South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

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Problem/Goal/Intervention Description				Sts Directions				From		
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Comment	Documented	Units	Charge	Charge	
200023	High Fall Risk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 2000 TDS 05/15/16 2051 TDS									
Activity Date: 05/15/16 Time: 2200										
200008	IV Site #1 Check/Care 05/15/16 2200 TDS 05/15/16 2351 TDS IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200021 Safety Checks Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								PS	8.0
Activity Date: 05/15/16 Time: 2351										
200010	Vital Signs taken by a NAI are reviewed by an RN. - Document 05/15/16 2351 TDS 05/15/16 2354 TDS Blood Pressure: BP Position: BP Type: Temp: 97.3 Type Of Temperature: Temporal Heart Rate: 112 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks 05/15/16 2351 TDS 05/15/16 2351 TDS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								CP	21.4
Activity Date: 05/15/16 Time: 2351										
200021	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-inflammatories, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE PATIENT TO REINFORCE FALL								CP	5.3
Activity Date: 05/15/16 Time: 2200										
200023	High Fall Risk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 2000 TDS 05/15/16 2051 TDS									
Activity Date: 05/15/16 Time: 2200										
200008	IV Site #1 Check/Care 05/15/16 2200 TDS 05/15/16 2351 TDS IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200021 Safety Checks Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								PS	8.0
Activity Date: 05/15/16 Time: 2351										
200010	Vital Signs taken by a NAI are reviewed by an RN. - Document 05/15/16 2351 TDS 05/15/16 2354 TDS Blood Pressure: BP Position: BP Type: Temp: 97.3 Type Of Temperature: Temporal Heart Rate: 112 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks 05/15/16 2351 TDS 05/15/16 2351 TDS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								CP	21.4
Activity Date: 05/15/16 Time: 2351										
200021	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-inflammatories, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE PATIENT TO REINFORCE FALL								CP	5.3
Activity Date: 05/15/16 Time: 2200										
200023	High Fall Risk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 2000 TDS 05/15/16 2051 TDS									
Activity Date: 05/15/16 Time: 2200										
200008	IV Site #1 Check/Care 05/15/16 2200 TDS 05/15/16 2351 TDS IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200021 Safety Checks Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								PS	8.0
Activity Date: 05/15/16 Time: 2351										
200010	Vital Signs taken by a NAI are reviewed by an RN. - Document 05/15/16 2351 TDS 05/15/16 2354 TDS Blood Pressure: BP Position: BP Type: Temp: 97.3 Type Of Temperature: Temporal Heart Rate: 112 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks 05/15/16 2351 TDS 05/15/16 2351 TDS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								CP	21.4
Activity Date: 05/15/16 Time: 2351										
200021	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-inflammatories, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE PATIENT TO REINFORCE FALL								CP	5.3
Activity Date: 05/15/16 Time: 2200										
200023	High Fall Risk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 2000 TDS 05/15/16 2051 TDS									
Activity Date: 05/15/16 Time: 2200										
200008	IV Site #1 Check/Care 05/15/16 2200 TDS 05/15/16 2351 TDS IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200021 Safety Checks Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								PS	8.0
Activity Date: 05/15/16 Time: 2351										
200010	Vital Signs taken by a NAI are reviewed by an RN. - Document 05/15/16 2351 TDS 05/15/16 2354 TDS Blood Pressure: BP Position: BP Type: Temp: 97.3 Type Of Temperature: Temporal Heart Rate: 112 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks 05/15/16 2351 TDS 05/15/16 2351 TDS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								CP	21.4
Activity Date: 05/15/16 Time: 2351										
200021	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-inflammatories, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE PATIENT TO REINFORCE FALL								CP	5.3
Activity Date: 05/15/16 Time: 2200										
200023	High Fall Risk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 05/15/16 2000 TDS 05/15/16 2051 TDS									
Activity Date: 05/15/16 Time: 2200										
200008	IV Site #1 Check/Care 05/15/16 2200 TDS 05/15/16 2351 TDS IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: 200021 Safety Checks Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								PS	8.0
Activity Date: 05/15/16 Time: 2351										
200010	Vital Signs taken by a NAI are reviewed by an RN. - Document 05/15/16 2351 TDS 05/15/16 2354 TDS Blood Pressure: BP Position: BP Type: Temp: 97.3 Type Of Temperature: Temporal Heart Rate: 112 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks 05/15/16 2351 TDS 05/15/16 2351 TDS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y								CP	21.4
Activity Date: 05/15/16 Time: 2351										
200021	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anti-inflammatories, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gait-Grabs, etc). 9. EDUCATE PATIENT TO REINFORCE FALL								CP	5.3
Activity Date: 05/15/16 Time: 2200										

Age/Sex: 4Y 04X F Attending: C.Ji, Greg V.M.D.
 Unit #: K000629604 Account #: K32346629
 Admitted: 05/24/16 at 0328 Location: 5E9
 Status: DIS IN Room/Bed: K.E5524-1

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Problem/Goal/Intervention Description:					Sts Directions			From	
Activity Type	Date	Occurred	Recorded	Time by Date	Comment	Units	Change		
200023	High Fall Risk Intervention (continued) to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/C, Geri-Chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
	12. KEEP ROOM FREE OF CLUTTER.								
- Document	05/15/16 2351 TDS	05/15/16 2351 TDS							
Activity Date:	05/15/16	Time:	0156						
200021	Safety Checks								
- Document	05/16/16 0156 TDS	05/16/16 0156 TDS				5.3			
	Family Member At Bedside: Y	Respiration Observed: Y							
	Call Light/Telephone In Reach: Y	Fall Precautions: Y							
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 2								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: Y								
	CPM in use: N								
	PC Off Unit: N								
200023	High Fall Risk Intervention								
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:								
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc).								
	2. USE CORRECTIVE LENSES, if applicable.								
	3. ASSIST WITH AMBULATION.								
	4. OFFER BATHROOM ASSISTANCE.								
	5. USE NON-SKID FOOTWEAR.								
	6. CLOSELY OBSERVE DISORIENTED PATIENTS								
	7. ENSURE ADEQUATE LIGHTING AT NIGHT								
	High Fall Risk Intervention (continued)								
	8. USE PROTECTIVE/ASSISTIVE DEVICES (w/C, Geri-Chairs, etc).								
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.								
	10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.								
	11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.								
	12. KEEP ROOM FREE OF CLUTTER.								
- Document	05/16/16 0156 TDS	05/16/16 0156 TDS							
Activity Date:	05/16/16	Time:	0406						
400010	Vital Signs								
	Vital Signs taken by a NAC are reviewed by an RN.								
- Document	05/16/16 0406 TDS	05/16/16 0406 TDS				21.4			
	Blood Pressure:								
	BP Type:								
	Temp: 97.4	Type Of Temperature: Temporal							
	Heart Rate: 104	Heart Rate Source:							
	Resp. Rate: 24								
	SAC2: 96	O2 Delivery: ROOM AIR							
450010	Intake								
- Document	05/16/16 0406 TDS	05/16/16 0406 TDS				10.7			
	ORAL - Just H2O (ml):								
	ORAL (not water) ml: 120								
	NGT Tube Feed (ml):								
	NGT Tube Flushes (ml):								
	PEG Tube Flushes (ml):								
	IV (ml):								
	IVPB (ml):								
	TPN (ml):								
	Lipid (ml):								
	Blood (ml):								
450010	Output								
- Document	05/16/16 0406 TDS	05/16/16 0406 TDS							
	Urine voided (ml):								
	Urine cath. (ml):								
	Color Of Urine:								
	Character Of Urine:								
	Urine Jct Est (ml):								
	If No Output, Is Pt. On Dialysis:								
	Void X NM: 2	Last Void Date:							
	Stool X:	Stool Weight cc's							
	Stool Consistency:								
	Color Of Stool:								
	Amount Of Stool:								
	Ileostomy (m.):								
	New Colostomy Output:								
	Old Colostomy Output (Num. of stools):								
	NG (ml):								

HENDERSON, [REDACTED]
Williams-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M F
Unit #: K00029604
Admitted: 05/14/16 at 0328
Status: D/S IN
Attending: OJL, Greg M N.D.
Account #: K32346629
Location: SES
Room/Bed: K.E5514-1

Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Documented Units	From Charge	Sts	Directions
Activity Date: 05/16/16 Time: 0406 (continued)							
450000	Output (continued)						
	Chest Tube #1 (ml):	Emesis (ml):					
	Chest Tube #2 (ml):	Rectal Tube (ml):					
	Drain 1:	Est. Bid Loss (ml):					
	Drain 2:	Neas Bid Loss (ml):					
	Drain 3:						
	Drain 4:						
	Crotony (ml):						
	Nephrostomy (ml):						
	WOUND EVAC. #1 (ml):						
	Att. Of Asp. Of Visc. Body Fluid (ml):						
	Source Of Output Or Asp. Of - Visc. Body Fluid:						
200021	Safety Checks						
- Document	05/16/16 0406 TDS	05/16/16 0406 TDS	Respiration Observed: Y	5.3	CP		
	Family Member At Bedside: Y		Fall Precautions: Y				
	Call Light/Telephone In Reach: Y						
Crib Rails (Up / Down): Not Applicable							
Number Of Bed Rails Up: 2							
Are bedrails up because of restraints given: N							
Bed Brakes Locked: Y							
Bed High Or Low Position: LOW							
All Alarms On and Audible: Y							
CPM in use: N							
Pt. Off Unit: N							
200023	High Fall Risk Intervention						
	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:						
	1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).						
	2. USE CORRECTIVE LENSES, if applicable.						
	3. ASSIST WITH AMBULATION.						
	4. OFFER BATHROOM ASSISTANCE.						
	5. USE NON-SKID FOOTWEAR.						
	6. CLOSELY OBSERVE DISORIENTED PATIENTS						
	7. ENSURE ADEQUATE LIGHTING AT NIGHT.						
	8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).						
	9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.						
	10. INSTRUCT PATIENT TO ASK FOR						
Activity Date: 05/16/16 Time: 0715							
100006	Discharge Assessment/Planning						
- Document	05/16/16 0715 AST	05/16/16 0812 AST					

Age/Sex: 4Y 04M F
 Attending: O'J., Greg N.Y.D.
 Unit #: K003629604
 Account #: K32346629
 Location: 5E5
 Room/Bed: K.E5-4-2
 Status: DTS IN
 Admitted: 05/14/16 at 0328
 Location: 5E5
 Room/Bed: K.E5-4-2
 Status: DTS IN
 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description					Sts Directions			From
Activity Type	Occurred Date	Recorded Date	Time by Date	Units	Documented	Comment	Directions	Charge
Activity Date: 05/16/16 Time: 0715 (continued)								
100507 Reassessment/Evaluation: Pediatrics (continued) Emotional support: Comfort measures: Cognitive techniques: Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N Color of Urine: NOT OBSERVED Character of Urine: Not Observed IV Pump: N How Vary IV Pumps: 0 Feeding Pump: N Heating Pad: N SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N Maintain Central Line: C/PICC/SWAN/PORT/ED CATHETER/AC/CVC/BROVIAC? (Y/N): N Can this line be removed? (Y/N): N Maintain Peripheral IV or PRN Adapter Y/N: N *Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N If yes, name of Med: Type of Reaction: Does the Patient Have any Complaints Or Specific Needs: N Specific Needs: CALL NURSE FOR ONSET OF FUSSINESS Specific Needs: PEDI PAIN SCALE Precautions: N Type of Precautions: Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N *Is patient DO NOT RESUSCITATE: N Pediatric Fall Risk Assessment Age: 4 (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above Gender: 1 (2) Male (1) Female Diagnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope, Dizziness, etc. (2) Psych/Behavioral Disorders (1) Other Diagnosis Cognitive Impairment: 2 (3) Not Aware of Limitations (2) Forgets Limitations (1) Oriented to Own Ability Standard Precautions: Y Environmental Factors: 2 (4) History of Fall or Infant-Toddler Placed in Bed (3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting (2) Patient Placed in Bed (1) Outpatient Area Response to Surgery/Sedation/Anesthesia 0 (3) Within 24 hours (2) Within 48 hours (1) More than 48 hours Medication Usage: 1 (3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Anti-depressants, Laxatives/Diuretics, Narcotic (2) One of the meds listed above (1) Other Medications/None Fall Risk Total: 13								
Activity Date: 05/16/16 Time: 0715 (continued)								
100506 Discharge Assessment/Planning (continued) Discharge Problems/Needs Identified: Y Diet: MEDICATIONS F/U CARE WHEN TO SEEK MEDICAL ATTENTION : Arrangements Made to Meet Need(s): Y ONGOING : : : 100507 Reassessment/Evaluation - Pediatrics A Direction ->0719 Document when done 05/16/16 0715 AST 05/16/16 0813 AST 0.0 Date: 05/16/16 Shift: 7A - 7P Focus / Plan for the Day: COMFORT/SAFETY MEASURES, RESP STATUS Plan of Care Discussed with Patient: Y Plan of Care updated: 05/16/16 Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N Level of Alertness: Asleep Pupillary Reaction: Equal/Reactive *Enoxon/Zenyt Asmt: Pediatric/quiets easily Responses: Spontaneously Ventilator N Respirators: Regular and Effortless *Breath Sounds: Wheezing Cough: None Amount Expectorated: Not Observed Expectorant Color: Not Observed Consistency: Not Observed O2: N O2 Delivery: ROOM AIR @ 100 % (when using B-ender) Pulse Quality: Normal Pulsation Edema of Extremity: None Homan's Sign: Not Indicated Abdomen: Soft/Active Bowel Sounds Bowel Sounds: Normal Bowel Movement This Shift: N Date of Last Bowel Movement: Are You Having Pain / DISCOMFORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Pain scale used to assess pain: Pain score: 0 -----Pain Interventions----- Pharmacologic (see YAR): Non-Pharmacologic:								

Age/Sex: 4Y 04X F
Unit #: K000629604
Admitted: 05/24/16 at 0328
Status: DIS IN
Attending: O.J., Greg X.M.D.
Account #: K32346629
Location: SES
Room/Bed: K.E514-1

Problem/Goal/Intervention Description				Activity				From			
				Type				Charge			
				Date				Units			
				Time by				Comment			
				Recorded				Directions			
				Time by				Documented			
				Date				Units			
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Page: 34 of 41

Printed 10/01/19 at 1352

HENKERSON VAG -

Age/Sex: 4Y 04M F
 Unit #: K000629604
 Admitted: 05/14/16 at 0328
 Status: DIS IN

Attending: OJL, Greg M.M.D.
 Account #: K32346629
 Location: SES
 Room/Bed: K.E5514-1

Willis-Knighton South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				SUS Directions			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	From	Change	
Activity Date: 05/16/16 Time: 0715 (continued)							
1.0 Patient Education (continued) Method of Instruction: Explain & Handout Evidence of Learning Demonstrated by: Expresses Understanding							
Activity Date: 05/16/16 Time: 0800							
200008	IV Site #1 Check/Care	05/16/16 0800 AST	05/16/16 0813 AST	8.0	PS		
- Document	IV Site #1: Peripherally Inserted Central Catheter (Y/N): Site Description #1: Rate (cc/hr) #1: Site Changed #1: IV Tubing Changed #1: PS Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: Date IV (#1) started: Time IV (#1) started:	05/16/16 0800 AST	05/16/16 0813 AST	8.0	PS		
400010	Vital Signs taken by a NNA are reviewed by an RN.	05/16/16 0800 AST	05/16/16 0925 AST	21.4	CP		
- Document	Blood Pressure: BP Type: Temp: 97.9 Type Of Temperature: Temporal Heart Rate: 105 Heart Rate Source: Machine Resp. Rate: 26 SAO2: 95 O2 Delivery: ROOM AIR	05/16/16 0800 AST	05/16/16 0925 AST	21.4	CP		
200021	Safety Checks	05/16/16 0800 AST	05/16/16 0814 AST	5.3	CP		
- Document	Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y	05/16/16 0800 AST	05/16/16 0814 AST	5.3	CP		
Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of restraints given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CP in use: N Pt. Off Unit: N							
200023	High Fall Risk Intervention	05/16/16 0800 AST	05/16/16 1210 AST	5.3	CP		
- Document	Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:	05/16/16 0800 AST	05/16/16 1210 AST	5.3	CP		

Age/Sex: 4Y 04X F Attending: Oji, Greg M.D.D. Unit #: K00629604 Account #: K32346629 Admitted: 05/14/16 at 0328 Location: SES Status: DLS IN Room/Bed: K.55514-1

HENDERSON, L

Printed 10/01/19 at 1352

Wallis-Knighton South Nursing **LIVE**
HWS PRN: ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Date	Time by Date	Time by Date	Recorded	Recorded	Time by Date	Time by Date
From	From	From	From	From	From	From	From
200023	High Fall Risk Intervention	A	QPH	CP	100507	Reassessment/Evaluation - Pediatrics (continued)	CP
Activity	Occurred	Time by Date	Time by Date	Recorded	Recorded	Time by Date	Time by Date
Type	Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date
From	From	From	From	From	From	From	From
Change	Change	Change	Change	Change	Change	Change	Change
Activity Date: 05/16/16	Time: 1000			Activity Date: 05/16/16	Time: 1120	(continued)	
<p>1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).</p> <p>2. USE CORRECTIVE LENSES, if applicable.</p> <p>3. ASSIST WITH AMBULATION.</p> <p>4. OFFER BATHROOM ASSISTANCE.</p> <p>5. USE NON-SKID FOOTWEAR.</p> <p>6. CLOSELY OBSERVE DISORIENTED PATIENTS</p> <p>7. ENSURE ADEQUATE LIGHTING AT NIGHT</p> <p>8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).</p> <p>9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.</p> <p>10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.</p> <p>11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.</p> <p>12. KEEP ROOM FREE OF CLUTTER.</p>				<p>Are You Having PAIN / DISCOMFORT Now: N</p> <p>Is this a new episode of pain: N</p> <p>Location Of Pain: N</p> <p>Duration Of Pain: N</p> <p>Character Of Pain: N</p> <p>Onset Of Pain: N</p> <p>Pain Relieved By: N</p> <p>Pain Made Worse By: N</p> <p>Pain scale used to assess pain: N</p> <p>Pain score: 0</p> <p>-----Pain Interventions-----</p> <p>Pharmacologic (see MAR): N</p> <p>Non-Pharmacologic:</p> <p>Emotional support: N</p> <p>Comfort measures: N</p> <p>Cognitive techniques: N</p> <p>Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N</p> <p>Color Of Urine: NOT OBSERVED</p> <p>Character Of Urine: NOT OBSERVED</p> <p>IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N</p> <p>SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N</p> <p>Maintain Central Line/TLC/PTCC/SWAN/PORT/HD CATHETER/JAC/LVOC/EROV/JAC? (Y/N): N</p> <p>Can this line be removed? (Y/N): N</p> <p>Maintain Peripheral IV or PRN Adapter Y/N: N</p> <p>*Restraints: N *Restraint Type: N</p> <p>Has patient had an adverse drug reaction this shift: N</p> <p>If yes, name of Med: N Type of Reaction: N</p> <p>Does the Patient Have any Complaints Or Specific Needs: N</p> <p>Specific Needs: CALL NURSE FOR ONSET OF FUSSINESS</p> <p>Specific Needs: PEDI PAIN SCALE</p> <p>Precautions: Y Type of Precautions: Droplet Precaution</p> <p>Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N</p> <p>*Is patient DO NOT RESUSCITATE: N</p> <p>Pediatric Fall Risk Assessment</p> <p>Age: 4</p> <p>(4) Less than 3 years old</p> <p>(3) 3 to less than 7 years old</p> <p>(2) 7 to less than 13 year old</p> <p>(1) 13 years and above</p> <p>Gender: N</p> <p>Environmental Factors: 2</p> <p>(4) History of Fall or Infant-Toddler Placed in Bed</p> <p>(3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting</p> <p>(2) Patient Placed in Bed</p>			
<p>Focus / Plan For The Day: COMFORT/SAFETY MEASURES, RESP STATUS</p> <p>Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 05/16/16</p> <p>Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N</p> <p>Level Of Alertness: Asleep</p> <p>*Emotion/Psych Assmt: Pediatric/quiets easily</p> <p>Ventilator N</p> <p>Respirations: Regular and Effortless</p> <p>Cough: None</p> <p>Amount Expectored: Not Observed</p> <p>Consistency: Not Observed</p> <p>@ :00 % (when using Blender)</p> <p>O2: N C2 Delivery: ROOM AIR</p> <p>Pulse Quality: Normal Pulsation</p> <p>Edema Of Extremity: None</p> <p>Abdomen: Soft/Active Bowel Sounds</p> <p>Bowel Movement This Shift: N Date Of Last Bowel Movement:</p>				<p>Activity Date: 05/16/16</p> <p>Time: 1120</p> <p>100507</p> <p>Reassessment/Evaluation - Pediatrics A</p> <p>Direction ->07.19 Document when done</p> <p>Document 05/16/16 1120 AST 05/16/16 1210 AST 0.0</p> <p>Date: 05/16/16 Shift: 7A - 7P</p>			

Problem/Goal/Intervention Description						Sts Directions			From
Activity Type	Date	Occurred Time by Date	Recorded Time by Date	Documented Units	Change				
Activity Date: 05/16/16 Time: 1120 (continued)									
CC507						Reassessment/Evaluation - Pediatrics (continued)			
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FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): SKIN CUI.									
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-D		Patient Education	AS NEEDED						CP
- Document	05/16/16 1120 AST	05/16/16 1209 AS							C.O
Learner:	Mother								
Learner's Preferred Method:	One-on-One Teaching								
Language Spoken:	(002): English								
If Other, Describe:									
*Religious or Cultural practices that may affect learning:	N								
If YES, describe:									
*Physical limitations that may affect learning (Y/N):	N								
If YES, describe:									
*Cognitive limitations that may affect learning (Y/N):	N								
If YES, describe:									
*Emotional limitations that may affect learning (Y/N):	N								
If YES, describe:									
If patient has pain, what issues have been discussed with patient regarding this:									
:NOTIFY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE									
:									
P/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN REACH, ADULT AT BEDSIDE AT ALL TIMES, PEDS SECURITY SHEET									
*Is patient/family motivated to learn (Y/N): Y If NO, explain:									
LEARNING NEEDS						TEACHING SUMMARY			
*Disease (Y/N): Y :BRONCHIOLITIS									
*Isolation (Y/N): Y :CONTACT/DROPLET									
*Equipment (Y/N): Y :CALL LIGHT									
*Procedure (Y/N): Y :REASSESSMENT									
*Medication (Y/N): Y :ROCEPHIN, PRELONE									
*New Medication (Y/N): Y :ROCEPHIN									

Age/Sex: 42 M/F
Unit #: K000625604
Admitted: 05/24/16 at 0328
Status: DIS IN
Attending: Cui, Greg M.D.
Account #: K32346629
Location: 5F5
Room/Bed: K.E5514-1

Problem/Goal/Intervention Description				From
Activity Type	Occurred Date	Recorded Date	Directions Documented	From
Activity Type	Date	Time by Date	Time by Comment	Units
<p>Activity Date: 05/16/16 Time: 1200 (continued)</p>				
200021	<p>Safety Checks (continued)</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPM in use: N</p> <p>Pt. Off Unit: N</p> <p>High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gari-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 			
200023	<p>A Q2H CP</p>			
<p>Activity Date: 05/16/16 Time: 1200 (continued)</p>				
100552	<p>Discharge Summary 2 Bed</p> <p>- Create 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>- Document 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>Pt's Chief Complaint: COOLD SYMPTOMS, WHEEZING, COUGHING</p> <p>*Functional Level Prior To Admit: Assist/Supervision Other</p> <p>Expected Therapy/Outcome: RELIEF OF SYMPTOMS</p> <p>Brief Summary of Hospital Stay: RESP TREATMENTS, IV THERAPY, VITALS, MONITOR INTAKE AND OUTPUT</p> <p>Discharge Diag./Complications: ACUTE ASTHMA EXACERBATION, URI, S/P ACUTE RESP DISTRESS</p> <p>---DISCHARGE VITAL SIGNS---</p> <p>Blood Pressure: 133/72 Heart Rate: 105 Resp. Rate: 26</p> <p>Temp: 97.9 Type Of Temperature: Temporal</p> <p>Heparin Lock Removed: NOT APPLICABLE</p> <p>Telemetry Removed: NOT APPLICABLE</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
200021	<p>Safety Checks</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPM in use: N</p> <p>Pt. Off Unit: N</p> <p>High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gari-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 			
200023	<p>A Q2H CP</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
100552	<p>Discharge Summary 2 Bed</p> <p>- Create 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>- Document 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>Pt's Chief Complaint: COOLD SYMPTOMS, WHEEZING, COUGHING</p> <p>*Functional Level Prior To Admit: Assist/Supervision Other</p> <p>Expected Therapy/Outcome: RELIEF OF SYMPTOMS</p> <p>Brief Summary of Hospital Stay: RESP TREATMENTS, IV THERAPY, VITALS, MONITOR INTAKE AND OUTPUT</p> <p>Discharge Diag./Complications: ACUTE ASTHMA EXACERBATION, URI, S/P ACUTE RESP DISTRESS</p> <p>---DISCHARGE VITAL SIGNS---</p> <p>Blood Pressure: 133/72 Heart Rate: 105 Resp. Rate: 26</p> <p>Temp: 97.9 Type Of Temperature: Temporal</p> <p>Heparin Lock Removed: NOT APPLICABLE</p> <p>Telemetry Removed: NOT APPLICABLE</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
200021	<p>Safety Checks</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPM in use: N</p> <p>Pt. Off Unit: N</p> <p>High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gari-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 			
200023	<p>A Q2H CP</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
100552	<p>Discharge Summary 2 Bed</p> <p>- Create 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>- Document 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>Pt's Chief Complaint: COOLD SYMPTOMS, WHEEZING, COUGHING</p> <p>*Functional Level Prior To Admit: Assist/Supervision Other</p> <p>Expected Therapy/Outcome: RELIEF OF SYMPTOMS</p> <p>Brief Summary of Hospital Stay: RESP TREATMENTS, IV THERAPY, VITALS, MONITOR INTAKE AND OUTPUT</p> <p>Discharge Diag./Complications: ACUTE ASTHMA EXACERBATION, URI, S/P ACUTE RESP DISTRESS</p> <p>---DISCHARGE VITAL SIGNS---</p> <p>Blood Pressure: 133/72 Heart Rate: 105 Resp. Rate: 26</p> <p>Temp: 97.9 Type Of Temperature: Temporal</p> <p>Heparin Lock Removed: NOT APPLICABLE</p> <p>Telemetry Removed: NOT APPLICABLE</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
200021	<p>Safety Checks</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPM in use: N</p> <p>Pt. Off Unit: N</p> <p>High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gari-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 			
200023	<p>A Q2H CP</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
100552	<p>Discharge Summary 2 Bed</p> <p>- Create 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>- Document 05/16/16 1255 AST 05/16/16 1303 AST</p> <p>Pt's Chief Complaint: COOLD SYMPTOMS, WHEEZING, COUGHING</p> <p>*Functional Level Prior To Admit: Assist/Supervision Other</p> <p>Expected Therapy/Outcome: RELIEF OF SYMPTOMS</p> <p>Brief Summary of Hospital Stay: RESP TREATMENTS, IV THERAPY, VITALS, MONITOR INTAKE AND OUTPUT</p> <p>Discharge Diag./Complications: ACUTE ASTHMA EXACERBATION, URI, S/P ACUTE RESP DISTRESS</p> <p>---DISCHARGE VITAL SIGNS---</p> <p>Blood Pressure: 133/72 Heart Rate: 105 Resp. Rate: 26</p> <p>Temp: 97.9 Type Of Temperature: Temporal</p> <p>Heparin Lock Removed: NOT APPLICABLE</p> <p>Telemetry Removed: NOT APPLICABLE</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
200021	<p>Safety Checks</p> <p>Bed Brakes Locked: Y</p> <p>Bed High OR Low Position: LOW</p> <p>All Alarms On and Audible: Y</p> <p>CPM in use: N</p> <p>Pt. Off Unit: N</p> <p>High Fall Risk Intervention</p> <p>Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:</p> <ol style="list-style-type: none"> 1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gari-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 			
200023	<p>A Q2H CP</p>			
<p>Activity Date: 05/16/16 Time: 1255</p>				
100552				

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Age/Sex: 4Y 04Y F Attending: O'Leary, Greg M M.D.
Unit #: K000629604 Account #: K32346629
Admitted: 05/24/16 at 0328 Location: 5ES
Status: DIS IN Room/Bed: K.F5514-2

PERSON, [REDACTED]

Willis-Knighton South Nursing **LVE**
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Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Documented Units	Charge		
Activity Date: 05/16/16 Time: 1255 (continued)								
<p>100552 Discharge Summary 2 Ped (continued)</p> <p>Is Fall Risk Score 12 or Higher (Ped) 3 or Higher (Adult): Y</p> <p>Verbalizes Understanding Of Discharge Instructions: Y</p> <p>Return Demonstration Of Discharge Instructions: Y</p> <p>Valuables Returned From Business Office: Revertaken to Bus. office</p> <p>Records Sent With Patient: N Records:</p> <p>Discharged Per: Wheelchair</p> <p>Discharged To: Parent/Guardian</p> <p>Mode Of Transportation: Automobile</p> <p>Accompanied By: STAFF AND FAMILY</p> <p>---DISCHARGE SKIN ASSESSMENT---</p> <p>I verify that I have performed a complete skin assessment and documented all findings below.</p> <p>Skin Temp/Character: Warm & Dry</p> <p>Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description Lookup and/or Free Text for EACH.</p> <p>If >10 Locations, document remaining in a Patient Note.</p>								
<p>LOCATION</p> <p>SKIN DESCRIPTION</p>								
<p>FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):</p> <p>: SKIN CD:</p>								
<p>-----GRADE 0 SCALE FOR PEDS (LESS THAN 18 YEARS OLD)-----</p> <p>1 2 3 4</p> <p>SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment</p> <p>ACTIVITY Bedfast Chairfast Walks Occasionally Walks Frequently</p> <p>MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation</p> <p>ADDITIONAL Vary Poor Probably Adequate Excellent</p>								

Willis-Knighton South Nursing *LIVE*
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Problem/Goal/Intervention Description					S/S Directions					From					
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Directions	Documented	Charge	Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Directions	Documented	Charge
Activity Date: 05/16/16 Time: 1255 (continued)															
100552 Discharge Summary 2 Ped (continued)															
: : *** OTHER DISCIPLINE DISCHARGE NOTE (when app. i.c.) ***															
Department: : : Baby 2 Type and Rh:															
: : Patient Or Family Signature:															
Time Of Discharge: Nurse Signature: AMBER TAYLOR RN															
Date of Birth: 10/01/13 (Automatically defaults; do not change)															
Activity Date: 05/16/16 Time: 1313															
250510-A Bath, Total Bed - Toddler CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 160.5															
Refused due to: DC HOME															
Completed by:															
250512 Linen Charged CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 0.0															
Refused due to: DC HOME															
Completed by:															
800515 Physician Rounds CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 0.0															
Physician Visit To Patient By: TRANSEN Tran, Sharon N M.D.															
Activity Date: 05/16/16 Time: 1315															
450010 Intake CP															
- Document 05/16/16 1315 AST 05/16/16 1540 AST 10.7															
ORAL - just #20 (ml):															
ORAL (not water) ml: 480															
Tube Feed (ml):															
NGT Tube Flushes (ml):															
PEG Tube Flushes (ml):															
IV (ml):															
IVPB (ml):															
TPN (ml):															
Lipid (ml):															
Blood (ml):															

Problem/Goal/Intervention Description					S/S Directions					From					
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Directions	Documented	Charge	Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Directions	Documented	Charge
Activity Date: 05/16/16 Time: 1255 (continued)															
100552 Discharge Summary 2 Ped (continued)															
: : *** OTHER DISCIPLINE DISCHARGE NOTE (when app. i.c.) ***															
Department: : : Baby 2 Type and Rh:															
: : Patient Or Family Signature:															
Time Of Discharge: Nurse Signature: AMBER TAYLOR RN															
Date of Birth: 10/01/13 (Automatically defaults; do not change)															
Activity Date: 05/16/16 Time: 1313															
250510-A Bath, Total Bed - Toddler CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 160.5															
Refused due to: DC HOME															
Completed by:															
250512 Linen Charged CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 0.0															
Refused due to: DC HOME															
Completed by:															
800515 Physician Rounds CP															
- Document 05/16/16 1313 AST 05/16/16 1313 AST 0.0															
Physician Visit To Patient By: TRANSEN Tran, Sharon N M.D.															
Activity Date: 05/16/16 Time: 1315															
450010 Intake CP															
- Document 05/16/16 1315 AST 05/16/16 1540 AST 10.7															
ORAL - just #20 (ml):															
ORAL (not water) ml: 480															
Tube Feed (ml):															
NGT Tube Flushes (ml):															
PEG Tube Flushes (ml):															
IV (ml):															
IVPB (ml):															
TPN (ml):															
Lipid (ml):															
Blood (ml):															

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Willis-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M F
Unit #: K000629604
Admitted: 05/14/16 at 0328
Status: D-S IN
Attending: O'Leary, Greg M. M.D.
Account #: K32346629
Location: 555
Room/Bed: K-E5514-1

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Date	Time	By	Recorded	Time	By	Comment
Activity Type	Date	Time	By	Recorded	Time	By	Comment
450100	05/16/16	1315	AS	05/16/16	1540	AS	CP
- Document	05/16/16	1315	AS	05/16/16	1540	AS	CP
Output				Output			
Urine voided (ml):				Urine voided (ml):			
Urine cath. (ml):				Urine cath. (ml):			
Color of Urine:				Color of Urine:			
Character of Urine:				Character of Urine:			
Urine Intact Test (ml):				Urine Intact Test (ml):			
If No Output, Is Pt. On Dialysis:				If No Output, Is Pt. On Dialysis:			
Void X NV: 3 Last Void Date: 05/16/16 Last Void Time:				Void X NV: 3 Last Void Date: 05/16/16 Last Void Time:			
Stool Weight cc's				Stool Weight cc's			
Date Of Last BV: 05/15/16				Date Of Last BV: 05/15/16			
Stool Consistency:				Stool Consistency:			
Color Of Stool:				Color Of Stool:			
Amount Of Stool:				Amount Of Stool:			
Ileostomy (ml):				Ileostomy (ml):			
New Colostomy Output:				New Colostomy Output:			
Old Colostomy Output (Num. of stools):				Old Colostomy Output (Num. of stools):			
NG (ml):				NG (ml):			
Emesis (ml):				Emesis (ml):			
Rectal Tube (ml):				Rectal Tube (ml):			
Est. Bid Loss (ml):				Est. Bid Loss (ml):			
Meas Bid Loss (ml):				Meas Bid Loss (ml):			
Chest Tube #1 (ml):				Chest Tube #1 (ml):			
Chest Tube #2 (ml):				Chest Tube #2 (ml):			
Drain 1:				Drain 1:			
Drain 2:				Drain 2:			
Drain 3:				Drain 3:			
Drain 4:				Drain 4:			
Ileostomy (ml):				Ileostomy (ml):			
Nephrostomy (ml):				Nephrostomy (ml):			
WOUND EVAC. #1 (ml):				WOUND EVAC. #1 (ml):			
Amt. Of Or Asp. Of Misc. Body Fluid (ml):				Amt. Of Or Asp. Of Misc. Body Fluid (ml):			
Source Of Output Or Asp. Of - Misc. Body Fluid:				Source Of Output Or Asp. Of - Misc. Body Fluid:			
Activity Date: 05/16/16				Activity Date: 05/16/16			
Time: 1540				Time: 1540			
100522	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
100552	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
200008	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Problem: Basic Pediatric Nursing Care	05/16/16	1540	AS	05/16/16	1540	AS	AS
Goal: Basic nursing care will be provided.	05/16/16	1540	AS	05/16/16	1540	AS	AS
100606	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Discharge Assessment/Planning	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
100507	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Reassessment/Evaluation - Pediatrics	05/16/16	1540	AS	05/16/16	1540	AS	AS
Direction -> 07.19 Document when done	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
100600	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Critical Value Reporting	05/16/16	1540	AS	05/16/16	1540	AS	AS
102000	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Emotional Support/Teaching	05/16/16	1540	AS	05/16/16	1540	AS	AS
250510-A	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Bath, Total Bed - Toddler	05/16/16	1540	AS	05/16/16	1540	AS	AS
250512	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Linein Changed	05/16/16	1540	AS	05/16/16	1540	AS	AS
400010	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Vital Signs	05/16/16	1540	AS	05/16/16	1540	AS	AS
Vital Signs taken by a NAI are reviewed	05/16/16	1540	AS	05/16/16	1540	AS	AS
by an RN	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
401335	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Weight, Daily, PEDI OR NSV	05/16/16	1540	AS	05/16/16	1540	AS	AS
450010	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Intake	05/16/16	1540	AS	05/16/16	1540	AS	AS
450100	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Output	05/16/16	1540	AS	05/16/16	1540	AS	AS
550030-B	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Feed With Assistance	05/16/16	1540	AS	05/16/16	1540	AS	AS
550040	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Formula Prep	05/16/16	1540	AS	05/16/16	1540	AS	AS
550090	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Feed Formula Per Family Or Staff	05/16/16	1540	AS	05/16/16	1540	AS	AS
800515	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Physician Rounds	05/16/16	1540	AS	05/16/16	1540	AS	AS
800516	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Clergy Visits	05/16/16	1540	AS	05/16/16	1540	AS	AS
800516	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Problem: INJURY, POTENTIAL FOR	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Goal: No evidence of injury to patient.	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Safety Checks	05/16/16	1540	AS	05/16/16	1540	AS	AS
200021	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Problem: KNOWLEDGE DEFICIT	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Goal: Patient/Family Will Verbalize	05/16/16	1540	AS	05/16/16	1540	AS	AS
Understanding of Diagnosis and	05/16/16	1540	AS	05/16/16	1540	AS	AS
Treatment.	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
1-D	05/16/16	1540	AS	05/16/16	1540	AS	AS
Patient Education	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Problem: PATIENT AT HIGH RISK FOR FALLS	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS
Goal: NS: Patient risk for falling reduced.	05/16/16	1540	AS	05/16/16	1540	AS	AS
- Ed Status	05/16/16	1540	AS	05/16/16	1540	AS	AS

HENDERSON

Age/Sex: 4Y 04X F Attending: O'J, Greg M.D.
Unit #: R000629604 Account #: K32346629
Admitted: 05/14/16 at 0328 Location: 5ES
Status: DIS IN Room/Bed: K.15514--

Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Nursing Directions		From
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Comment	Documented Units	Charge
Activity Date: 05/16/16 Time: 1540						
200023	Rgt Fall Risk Intervention		D	Q2H		CF
Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to:						
1. MEDICATION REVIEW (vasoactive drugs, antipsychotics, anticholinergics, diuretics, etc).						
2. USE CORRECTIVE LENSES, if applicable.						
3. ASSIST WITH AMBULATION.						
4. OFFER BATHROOM ASSISTANCE.						
5. USE NON-SKID FOOTWEAR.						
6. CLOSELY OBSERVE DISORIENTED PATIENTS						
7. ENSURE ADEQUATE LIGHTING AT NIGHT.						
8. USE PROTECTIVE/ASSISTIVE DEVICES (w/c, Geri-chairs, etc).						
9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES.						
10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED.						
11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH.						
12. KEEP ROOM FREE OF CLUTTER.						
Ed Status 05/16/16 1540 his 05/16/16 1540 his A => D						
Monogram Initials Name Nurse Type						
AS	TAYLOR, NS	TAYLOR, ANGIE S			RN	
EG	GEORGE, NS	GEORGE, BECKY			RN	
CT	THOMAS, NS	THOMAS, CALVIN D			RN	
NH	REDMAN, NS	REDMAN, MARY			RNC	
DS	STOREY, NS	STOREY, JAMMY D			RN	
his	automatic by program					

Willis-Knighton South and the Center for Women's Health
2510 Bert Kouns Industrial Loop Shreveport, LA 71118

Phone: Fax:


Medication Administration Record
5/13/2016 thru 5/15/2016

K32346629 Room: K.E5514

Date/Time	Medication/Dosage	Route of Delivery	Practitioner
05/14/16 04:30	1/2 Unit Dose Duoneb	Inhalation	Miles, Cindy RRT
05/14/16 07:40	1/2 Unit Dose Duoneb	Inhalation	Behan, Brandi RRT
05/14/16 10:00	1/2 Unit Dose Duoneb	Inhalation	Behan, Brandi RRT
05/14/16 13:30	Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) 1	Inhalation	Behan, Brandi RRT
05/14/16 16:20	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Behan, Brandi RRT
05/14/16 19:25	Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) 1	Inhalation	Miles, Cindy RRT
05/14/16 22:35	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Miles, Cindy RRT
05/15/16 02:00	Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) 1	Inhalation	Miles, Cindy RRT
05/15/16 05:00	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Miles, Cindy RRT
05/15/16 08:45	Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) 1	Inhalation	Miles, Cindy RRT
05/15/16 11:00	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Behan, Brandi RRT
05/15/16 15:35	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Behan, Brandi RRT
05/15/16 19:52	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Behan, Brandi RRT
05/15/16 23:40	Albuterol 0.083% (2.5 mg/ 3 ml) 1	Inhalation	Miles, Cindy RRT
			Rizzo, Jim RRT


144016

MEDICATION ADMINISTRATION RECORD		ROBERSP.DP 05/15/16-2030				
ADMIN PERIOD: 05/16/16 to 05/17/16-0700		START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700
RX #	MEDICATION					
***** ROUTINE MEDS *****						
K005535688	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Oji, Greg M M.D. DOSE: (UNIT DOSE(S)) INH .Q3H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1400 05/14/16			RT	
K005535730	METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLU MEDROL) ORD DR: Oji, Greg M M.D. DOSE: (1ML VIAL(S)) IVP Q12H SCH DOSE INSTR: 15 MG (0.375 ML)	0400 05/15/16			1600	0400
K005535731	KCL 20 MEQ / D5W-0.45%NS 1000mL PREMIX BAG (None) (KCL / D5W-0.45%NS) ORD DR: Oji, Greg M M.D. DOSE: (BAG(S)) IV CONTINUOUS INFUSION SCH DOSE INSTR: 55 ML/HR	1530 05/14/16				

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RD	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LD	Lt Dorsal Thigh
						RA	Rt Abd
						RVG	Rt VentrGluteal
						LA	Lt Abd
						LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32346629 Med Rec#: K000629604 Name: HENDERSON L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2		Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13	
Allergies: .. see ALLERGY SOURCE DOCUMENT ..				PAGE 1			

MEDICATION ADMINISTRATION RECORD		ROBERSP.DP 05/15/16-2030			
ADMIN PERIOD: 05/16/16 to 05/17/16-0700					
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300 NIGHT 2301-0700
***** IV'S *****					
K005535732	CEFTRIAZONE 1 GM VIAL (0.7 GM) (ROCEPHIN) IN: D5W 50 ML BAG (50 ML) (D5W) ORD DR: Oji, Greg M M.D. RATE: 100 MLS/HR DUR: FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	1600 05/14/16			1600

LEGEND:											
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt VentroGluteal
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13 PAGE 2
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RX #		MEDICATION		START	STOP				
***** PRN MEDS *****									
K005535511 ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Denham, Sean C M.D. DOSE: (UD CUP(S)) PO .Q6H PRN DOSE INSTR: 200 MG (6.25 ML) COMMENTS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!)				0500 05/14/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT	

TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:

RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VentroGluteal
 LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VentroGluteal

SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946)
 WILLIS-KNIGHTON SOUTH
 2510 BERT KOUNS INDUSTRIAL LOOP
 SHREVEPORT, LOUISIANA 71118



Acct#: K32346629 Med Rec#: K000629604
 Name: [REDACTED] L
 Phys: Oji, Greg M M.D.
 Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg
 Marital Status: SIN BSA: 0.55 m2

Room/Bed: K.E5514-1
 Adm Date: 05/14/16
 Location: 5ES
 Service: PED
 D.O.B.: 10/01/13

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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MEDICATION ADMINISTRATION RECORD

ROBERSP.DP

IN PERIOD: 05/16/16-0700 to 05/17/16-0700

05/15/16-2030

[illegible]

LEGEND:											
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt VentroGluteal
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118						Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] ALIYAH L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2					
						Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13					
						Allergies: .. see ALLERGY SOURCE DOCUMENT ..					
						PAGE 4					

RUN DATE: 05/15/16
RUN TIME: 2146
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32346629 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKDA	05/14/16 - 0436
Allergy2-Med/Contact: NKDA	05/14/16 - 0436
Food Allergies-Intol: NKFA	05/14/16 - 0436
Latex Allergy (Y/N): N	05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/15/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD		ROBERSP.DP				
ADMIN PERIOD: 05/15/16 to 05/16/16-0700		05/14/16-2030				
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005535688	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Oji, Greg M M.D. DOSE: (UNIT DOSE(S)) INH .Q3H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1400 05/14/16				
K005535689	ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN (None) (ATROVENT 0.02%) ORD DR: Oji, Greg M M.D. DOSE: (INHAL SOLN(S)) INH .Q6H X 1 DAY SCH DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1400 05/14/16	1600 05/15/16			
K005535730	METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLU MEDROL) ORD DR: Oji, Greg M M.D. DOSE: (1ML VIAL(S)) IVP Q12H SCH DOSE INSTR: 15 MG (0.375 ML)	0400 05/15/16		1600 05/15/16		0400 IV OUT
K005535731	KCL 20 MEQ / D5W-0.45%NS 1000mL PREMIX BAG (None) (KCL / D5W-0.45%NS) ORD DR: Oji, Greg M M.D. DOSE: (BAG(S)) IV .CONTINUOUS INFUSION SCH DOSE INSTR: 50 ML/HR 10	1530 05/14/16		1200 05/14/16		

Predlone 15mg po x 1


0345
B

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	EDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Becky George				Salem Pitts		Tammy Story	
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2			
Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13				Allergies: .. see ALLERGY SOURCE DOCUMENT ..			



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MEDICATION ADMINISTRATION RECORD				ROBERSP.DP		
IN PERIOD: 05/15/16 to 05/16/16-0700				05/14/16-2030		
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2100	NIGHT 2101-0700
***** IV'S *****						
K005535732	CEFTRIAXONE 1 GM VIAL (0.7 GM) (ROCEPHIN) IN: DSW 50 ML BAG (50 ML) (DSW) ORD DR: Oji, Greg M M.D. RATE: 100 MLS/HR DUR: FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	1500 05/14/16			1600 +700 1600 AH	

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant
LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
<i>Becky George</i>							
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32346629 Med Rec#: X000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2			
				Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5BS Service: PED D.O.B.: 10/01/13			
Allergies: .. see ALLERGY SOURCE DOCUMENT ..				PAGE 2			

RX #	MEDICATION	START	STOP
K005535511	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Denham, Sean C M.D. DOSE: (UD CUP(S)) PO .Q6H PRN DOSE INSTR: 200 MG (6.25 ML) COMMENTS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!)	0500 05/14/16	

***** PRN MEDS *****

TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:

RD Rt Deltoid	RUQ Rt Upper Outer Quadrant	RLT Rt Lateral Thigh	RDT Rt Dorsal Thigh	RA Rt Abd	RVG Rt VentroGluteal
LD Lt Deltoid	LUC Lt Upper Outer Quadrant	LLT Lt Lateral Thigh	LDT Lt Dorsal Thigh	LA Lt Abd	LVG Lt VentroGluteal

SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946)
 WILLIS-KNIGHTON SOUTH
 2510 BERT KOUNS INDUSTRIAL LOOP
 SHREVEPORT, LOUISIANA 71118


Acct#: K32346629 Med Rec#: X000629604
 Name: [Redacted] ALIYAH L
 Phys: Oji, Greg M.M.D.
 Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg
 Marital Status: SIN BSA: 0.55 m2

Room/Bed: K.E5514-1
 Adm Date: 05/14/16
 Location: SES
 Service: PED
 D.O.B.: 10/01/13

Allergies: .. see ALLERGY SOURCE DOCUMENT .. PAGE 3

MEDICATION ADMINISTRATION RECORD									
PATIENT NAME: ROBERSP.DP									
ADMIN PERIOD: 05/15/16-0701 to 05/16/16-0700									
DATE: 05/14/16-2030									
RX #				MEDICATION		START		STOP	
TIME	INDICATION/ COMPLAINT & SITE			DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME
TIME	INDICATION/ COMPLAINT & SITE			DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME

SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2	Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: SES Service: PED D.O.B.: 10/01/13
	Allergies: .. see ALLERGY SOURCE DOCUMENT ..	

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RUN DATE: 05/14/16
RUN TIME: 2145
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32346629 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

05/14/16 - 0436

Allergy2-Med/Contact:
NKDA

05/14/16 - 0436

Food Allergies-Intol:
NKFA

05/14/16 - 0436

Latex Allergy (Y/N):
N


05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/14/16


NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD		PATIENT NAME: GEORGE, NS					
ADMIN PERIOD: 05/14/16 to 05/15/16-0700		05/14/16-1407					
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700	
***** ROUTINE MEDS *****							
K005535688	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Oji, Greg M.M.D. DOSE: (UNIT DOSE(S)) INH .Q3H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1400 05/14/16					
K005535689	ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN (None) (ATROVENT 0.02%) ORD DR: Oji, Greg M.M.D. DOSE: (INHAL SOLN(S)) INH .Q6H X 1 DAY SCH DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1400 05/14/16	1600 05/15/16				
K005535690	PREDNISOLONE 15 MG/5 ML 5MLUDC (15 MG) (ORAPRED U/D) ORD DR: Oji, Greg M.M.D. DOSE: 15 MG= (1 5ML UNIT DOSE CUP(S)) PO Q12H SCH COMMENTS: (REFRIGERATE!)	1430 05/14/16		1430 BSJ		0230 D/C'd	
	Solu Medrol 30mg IV x 1 now	5/14/16		1615 BSJ			
	Solu Medrol 15mg IV Q 12	5/14/16				0400 D.T/KK	
	Rocephin 700mg IV Q 24	5/14/16			1700 BSJ		
	Mag Sulphate 650mg IV x 1 dose	5/14/16			2000 D.T/KK		
P.O.V. D5 1/2 NS + 20mg KCl + 55 ml/hr 1615 BSJ							
LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal							
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE	
Becky George RN		BSJ	Kay Kelley RN		BSJ	Daniel Thomas RN	
			Kay Kelley RN			Daniel Thomas RN	
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 		Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M.M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..		Room/Bed: K.R5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13			

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MEDICATION ADMINISTRATION RECORD						THOMAS7.NS 05/14/16-0550	
ADMIN PERIOD: 05/14/16 to 05/15/16-0700							
RX #	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005535511	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Denham, Sean C M.D. DOSE: (UD CUP(S)) PO .Q6H PRN DOSE INSTR: 200 MG (6.25 ML) COMMENTS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!)	0500 05/14/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME INIT
K005535513	DUONEB 3 ML UD INH.SOLN (1.5 ML) (DUONEB) ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!)	0515 05/14/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME INIT

LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VetroGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VetroGluteal									
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.		
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32346629 Med Rec#: X000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..				Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13	

514

LEGEND:											
RD	Rt Deltoid	AUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	XVG	Rt VetroGluteal
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VetroGluteal


SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2	Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: SES Service: PED D.O.B.: 10/01/13
	Allergies: .. see ALLERGY SOURCE DOCUMENT ..	

PAGE 2

MEDICATION ADMINISTRATION RECORD							
ADMIN PERIOD: 05/14/16-0700 to 05/15/16-0700						THOMAS7.NS ADM: 05/14/16-0550	
RX #	MEDICATION				START	STOP	
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentroGluteal	LD	Lt Deltoid	LVG	Lt VentroGluteal
LUQ	Lt Upper Outer Quadrant	LDT	Lt Dorsal Thigh	LA	Lt Abd		
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 3
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RUN DATE: 05/14/16
RUN TIME: 0430
RUN USER: THOMAC7.NS

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32346629 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338


Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/14/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY


Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD					THOMAS7.NS		
ADMIN PERIOD: 05/13/16-0700 to 05/14/16-0700					05/14/16-0550		
RX #	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005535511 ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Denham, Sean C M.D. DOSE: (UD CUP(S)) PO .Q6H PRN DOSE INSTR: 200 MG (6.25 ML) COMMENTS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!)		0500 05/14/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME INIT
K005535513 DUONEB 3 ML UD INH.SOLN (1.5 ML) (DUONEB) ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!)		0515 05/14/16		R.T.			
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME INIT

LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal							
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32346629 Med Rec#: K000629604 Name: _____ L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: SES Service: PED D.O.B.: 10/01/13				PAGE 1			


14

MEDICATION ADMINISTRATION RECORD							
ADMIN PERIOD: 05/13/16-05/14/16-0700						THOMAS7.NS 05/14/16-0550	
RX #	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal									
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.		
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32346629 Med Rec#: K000629604 Name: _____ L Phys: Oji, Greg M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..				Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: 5ES Service: PED D.O.B.: 10/01/13	
				PAGE 2					

MEDICATION ADMINISTRATION RECORD							
ADMIN PERIOD: 05/13/16-0700 to 05/14/16-0700							
THOMAS7.NS							
RN: 05/14/16-0550							
RX #	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentroGluteal	LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant
LLT	Lt Lateral Thigh	EDT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32346629 Med Rec#: K000629604 Name: [REDACTED] L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5514-1 Adm Date: 05/14/16 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 3
--	---	--

RUN DATE: 05/14/16
RUN TIME: 0430
RUN USER: THOMAC7.NS

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: K.E5514 Serv/Loen: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32346629 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKA	03/10/16 - 1338
Allergy2-Med/Contact: NKA	03/10/16 - 1338
Food Allergies-Intol: NKFA	03/10/16 - 1338
Latex Allergy (Y/N): N	03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/14/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 05/15/16
RUN TIME: 2341
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32346629 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKDA	05/14/16 - 0436
Allergy2-Med/Contact: NKDA	05/14/16 - 0436
Food Allergies-Intol: NKFA	05/14/16 - 0436
Latex Allergy (Y/N): N	05/14/16 - 0436


Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

05/15/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 05/14/16	Willis-Knighton South Nursing **LIVE**	PAGE 1
RUN TIME: 0450	Home Medications NOT An Order	
RUN USER: 0		
Home Medications NOT An Order For Information/Comparison Only		
ALBUTEROL	.5 UD	HHN Q 4-6 HR PRN
NOT AN ORDER		

	Name: [REDACTED] L
	Acct#: K32346629
	Room/Bed: K.E5514-1
	DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

RUN DATE: 05/16/16
RUN TIME: 1303
RUN USER: TAYLOAL.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 2

INTERDISC DISCHARGE - WKB/P/S

Patient: [REDACTED] L
Account #: K32346629
Admit Date: 05/14/16
Status: ADM IN
Attending: Oji, Greg M M.D.

Age/Sex: 2Y 07M F
Unit #: K000629604
Location: 5ES
Room/Bed: K.E5514-1

Is Fall Risk Score 12 or higher (Ped) 3 or higher (Adult): Y

Verbalizes Understanding Of Discharge Instructions: Y
Return Demonstration Of Discharge Instructions: Y
Valuables Returned From Business Office: Nevertaken to Bus. office

Records Sent With Patient: N Records:
Discharged Per: Wheelchair
Discharged To: Parent/Guardian
Mode Of Transportation: Automobile
Accompanied By: STAFF AND FAMILY

---DISCHARGE SKIN ASSESSMENT---

I verify that I have performed a complete skin assessment and documented all findings below.
Skin Temp/Character: Warm & Dry

Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin
Description lookup and/or Free Text for EACH.
If >10 locations, document remaining in a Patient Note.

LOCATION

SKIN DESCRIPTION

FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):
:SKIN CDI.

RUN DATE: 05/16/16
 RUN TIME: 1303
 RUN USER: TAYLOA1.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 3

INTERDISC DISCHARGE - WKB/P/S

Patient: [REDACTED] L
 Account #: K32346629
 Admit Date: 05/14/16
 Status: ADM IN
 Attending: Oji, Greg M M.D.

Age/Sex: 2Y 07M F
 Unit #: K000629604
 Location: 5ES
 Room/Bed: K.E5514-1

:
:
:
:
:
:
:
:
:

-----BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD)-----

	1	2	3	4
SENS PERCEP	Completely Limited	Very Limited	Slightly Limited	No Impairment
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent
MOISTURE	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist
FRICT/SHEAR	Problem	Potential Problem	No Apparent Problem	
PERF/OXYGEN	Extremely Compromised	Compromised	Adequate	Excellent
		O2<95% cap>2sec	cap=2sec	O2>95% cap<2sec

Sensory Perception: 4 - No Impairment
 Moisture: 4 - Rarely Moist
 Activity: 4 - Walks Frequently
 Mobility: 4 - No Limitation
 Nutrition: 4 - Excellent
 Friction/Shear: 4 -

Total Braden Scale Score: 24

DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY

Discharge Material Given: DISCHARGE SUMMARY
 Discharge Material Given: FOLLOW UP APPT
 Discharge Material Given: PRESCRIPTION X 1 (ORAPRED)
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:

Cardiopulmonary Home Care Instructions Provided: N Dialysis patient: N

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

**REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Not Applicable

Is there an MD order to leave in place:

RUN DATE: 05/16/16
RUN TIME: 1303
RUN USER: TAYLOA1.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 4

INTERDISC DISCHARGE - WKB/P/S

Patient: [REDACTED] L
Account #: K32346629
Admit Date: 05/14/16
Status: ADM IN
Attending: Oji, Greg M M.D.

Age/Sex: 2Y 07M F
Unit #: K000629604
Location: 5ES
Room/Bed: K.E5514-1

Foley Catheter removed: Not Applicable

Is there an MD order to leave in place:
Was catheter inserted on this admit:

PICC line removed: Not Applicable

Is there an MD order to leave in place:

Is Home Health set up to care for PICC Line at home:

Was PICC flushed and dressing changed according to policy:

Were PICC Line Home Care Instructions given to patient:

If any other devices were left in place, describe:

*** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) ***

:
:
:

*** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) ***

:
:

*** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***

Department:

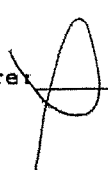
:
:

If pt. delivered baby while in hospital, enter Blood types:

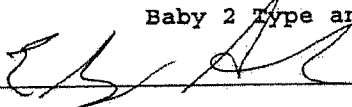
PATIENT BLOOD TYPE :

Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature: 

Time Of Discharge:

Nurse Signature: AMBER TAYLOR RN 

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Occurred Date: 05/16/16

Monogram: AST

Initials: TAYLOA1.NS

Name: TAYLOR, AMBER S

Occurred Time: 1255

Nurse Type: RN

CRIB WAIVER

I, X Jennifer Alexander, the parent of ██████████ L ██████████

refuse to have my child in a crib. I understand that the purpose is to assure the safety of my child. I will not hold the hospital responsible for my decision to have my child placed in an adult bed.

I accept responsibility for my child's safety.

Time: 0000

Date: 5/16/16

Parent's Signature: X Jennifer Alexander

Witness: Tommy Stree R

CRIB WAIVER (4016)
WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925



Acct.#: K32346629
Name: ██████████ L
Adm Phys: Oji, Greg M M.D.
Age: 2Y 07M Sex: F
Marital Status: SINGLE
Allergies: NKA
NKA

Room/Bed: K.E5514-1
Adm.Date: 05/14/16
Service: PED
Locn: 5ES
Fin Class: MA



WILLIS-KNIGHTON HEALTH SYSTEM

PEDIATRIC SECURITY INFORMATION SHEET

Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

1. A responsible adult should be with a child 12 years or younger at all times.
2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
3. Pediatric patients must have an identification band on the wrist or foot at all times.
4. All Pediatric Nursing staff wear:
 - a. galaxy blue scrubs and lab jacket with pediatric theme
 - b. a WKHS ID badge with their picture on it.
5. **Never leave your child alone or unsupervised in your room.** Also, keep your door to your room closed at all times.
6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE: _____

WITNESS: _____

DATE/TIME: _____



Printed: 05/14/2016

IN981 Revised 12/08

10/01/2013 002Y 07M F
Greg Oji
K32346629 05/14/2016 K.E5514 1



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 05/14/16

Admission Time: 0208

AM3349_1
Page 1 of 2



AM0005



10/01/13 2Y F
Denham, Sean C.M.D.
K32346629 05/14/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 _____ Signature of Patient/Guardian	 _____ Date/Time	 _____ Guardian	 _____ Date/Time	 _____ Witness	 _____ Date/Time
 _____ Jennifer Alexander Print Name		 _____ Print Name		 _____ Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
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Admission Date: 05/14/16
 Admission Time: 0208
 AM3349_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM0005



10/01/13 2Y F
 Denham, Sean C M.D.
 K32346629 05/14/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K32302531

GUARANTOR: ALEXANDER,JENNIFER

NEXT OF KIN: ALEXANDER,JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Willis Jr, Fred Spence M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K32302531

DATE: 05/01/16

UNIT#: K000629604

ROOM:

TIME: 1105

F/C: MA

STATUS: REG ER

SERV/LOC: ERS

SS#: 338-89-3614

PATIENT: [REDACTED]

BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

AGE: 2Y

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER,JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: BREATHING DIFFICULTY

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: MONETT.AM



K32302531

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 05/01/2016 Time: 11:05
Bed 12

MRN: 1116206
Account#: K32302531
Private MD: Allen, Scott

HPI:

05/01 This 2 years old African Am/Black Female presents to ED via Carried with complaints of **Breathing** cs9
11:47 **Difficulty**.

11:47 The patient presents to the emergency department with rhinorrhea, wheezing. Onset: The cs9
symptoms/episode began/occurred this morning. Associated signs and symptoms: Pertinent positives:
wheezing, Pertinent negatives: congestion, constipation, cough, diarrhea, fever, nasal discharge, seizure,
shortness of breath, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient
symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer. The patient has
experienced a previous episode. The patient has not recently seen a physician.

Historical:

- **Allergies:** No known Allergies: No known drug Allergies:
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed for Asthma
- **PMHx:** Asthma; Bronchitis; Ear infections
- **PSHx:** None

Historical:

11:33 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations wb1
up to date. Last flu immunization: up to date. Social history: The patient lives at home with father the patient
is a minor.

11:47 History obtained from mother. The history from nurses notes was reviewed and confirmed. cs9

ROS:

11:47 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned cs9
below. **Constitutional:** Negative for coughing, fever, poor PO intake, SOB, vomiting **Eyes:** Negative for
injury, pain, redness, discharge, swelling, vision changes. vision loss **Neck:** Negative for injury, pain, and
swelling, **Cardiovascular:** Negative for chest pain and edema, **Abdomen/GI:** Negative for abdominal pain,
nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury,
and distension **Back:** Negative for injury, pain, deformity, and decreased ROM **GU:** Negative for injury,
bleeding, and swelling, **MS/Extremity:** Negative for injury, pain, swelling, and decreased ROM **Skin:**
Negative for injury, rash, discoloration, swelling, and lesions **Neuro:** Negative for seizure, and altered
mental status **Psych:** Behavior and affect appropriate for age. **ENT:** Positive for rhinorrhea, Negative for
difficulty handling secretions, difficulty swallowing, hoarseness, nasal discharge, nose bleed, sinus
congestion. **Respiratory:** Positive for wheezing, Negative for cough, hemoptysis, sputum production.

Exam:

11:47 cs9

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal
and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or
evidence of obstruction, uvula midline. Mucous membranes moist, pink, and intact.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,

Physician Documentation Con't.

rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses to physical exam, good muscle tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, symmetrical, no use of accessory muscles, no grunting, no evidence of nasal flaring, no retractions, no shallow respirations, no splinting, no tachypnea, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated. wheezing, that is mild, is heard diffusely, bronchial sounds, are not appreciated.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:10		153	32	97.8	96%	13.15 kg / 28 lbs 16 oz	38 in. (97 cm)	0/10	Imm

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:10	spontaneous(4)	oriented(5)	obeys commands(6)		15	Imm

MDM:

11:36 Patient medically screened.

sw2

11:48

cs9

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

14:04 Differential Diagnosis viral infection, bacterial infection, URI, bronchitis, pneumonia, UTI, gastroenteritis, meningitis. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

sw2

Data interpreted: Pulse oximetry: normal.

Response to treatment: the patient's symptoms have markedly improved after treatment.

Order	Status	Time	By	For
Rocephin 500 mg IM once	Ordered	05/01/16 11:48	sw2	sw2
	Administered	05/01/16 12:05	wb1	
Notes:	Order Method: Electronic			
05/01/16 12:05	Administered: Rocephin 500 mg IM in left vastus lateralis			wb1
05/01/16 12:15	Follow Up: Response: Tolerated well			wb1
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	05/01/16 11:48	sw2	sw2
	Administered	05/01/16 12:06	wb1	

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K32302531

Print Time: 10/1/2019 10:30:06

Page 2 of 4

Physician Documentation Con't.

Notes:		Order Method: Electronic		
05/01/16 12:06 Administered: DuoNeb 1 unit dose Inhalation wb1				
05/01/16 13:16 Follow Up: Response: Tolerated well wb1				
Order	Status	Time	By	For
PrElone Liquid 0.5 tsp PO once	Ordered	05/01/16 11:48	sw2	sw2
	Administered	05/01/16 12:06	wb1	
Notes:		Order Method: Electronic		
05/01/16 12:06 Administered: PrElone Liquid 0.5 tsp PO wb1				
05/01/16 12:15 Follow Up: Response: Tolerated well wb1				
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	05/01/16 12:01	sw2	sw2
	Completed	05/01/16 12:11	Sharon Beckham	
Notes:		Order Method: Electronic		
Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	05/01/16 12:01	sw2	sw2
	Reviewed	05/01/16 12:37	Fred Willis	
Notes: Bed Name: 12		Order Method: Electronic		
Interpretation: Normal Except: NEGATIVE ACUTE.				
ER EXAM ROOM/BED: (OERDERRMBD): 12				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Breathing Difficulty				

Order Signatures:

Willis, Fred. MD MD sw2

Disposition:

11:48 This chart was scribed by Scott, Christian, Scribe. in the presence of Fred Willis MD.

cs9

14:04 Electronically signed by: FRED WILLIS JR MD. Disposition.

sw2

Disposition:

05/01/16 12:37 Discharged to Home/Self Care. Impression: Bronchitis Acute, Bronchitis Asthmatic.

- Condition is Stable.
- Discharge Instructions: Asthma, Childhood, Bronchitis.
- Prescriptions for
 - Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution
 - take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5; 21 milliliter.
 - Prelone 15mg/5ml Oral Solution
 - take 0.5 teaspoonful by ORAL route once daily for 5 days; 1 QS.
- Follow up: Scott Allen; When: Tomorrow.

Name: Aaliyah

MRN: 1116206
Account#: K32302531

Physician Documentation Con't.

- Problem is new.
- Symptoms have improved.

Signatures:

Willis, Fred, MD	MD sw2	Beckham, Sharon, ED Tech	ED Tech srb1
Scott, Christian, Scribe	Scribe cs9	Bright, Whitney, RN	RN wb1

Nurse's Notes

Name: Aaliyah
Age: 2 yrs **Sex:** Female **DOB:** 10/01/2013
Arrival Date: 05/01/2016 **Time:** 11:05
Bed 12

Willis Knighton South

MRN: 1116206
Account#: K32302531
Private MD: Allen, Scott

Presentation:

05/01 Method of Arrival: Carried. Imm
 11:10 Preferred language for medical communication is English. Presenting complaint: Mother states: pt has been wheezing and having breathing difficulty this am; reports no relief with nebulizer. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Imm
 11:12 Acuity: 3 - Urgent. Imm

Triage Assessment:

11:10 **General:** Appears in no apparent distress, Behavior is cooperative, appropriate for age. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. Imm

Historical:

- **Allergies:** No known Allergies; No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer Unknown as needed for Asthma
- **PMHx:** Asthma; Bronchitis; Ear infections
- **PSHx:** None

Historical:

11:33 Family history: No immediate family members wb1 are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Social history: The patient lives at home with father the patient is a minor.
 11:47 History obtained from mother. The history from nurses notes was reviewed and confirmed. cs9

Screening:

11:10 **Abuse screen:** Imm
 Denies threats or abuse. Denies injuries from another.
Patient fall risk assessment;
 risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
 age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
 None Identified.
Exposure risk/Travel Screening:
 None identified.

Assessment:

11:33 **Pain:** currently is 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age. mobility; ambulates without assistance. **Neuro:** Level of Consciousness is alert, awake. Oriented to person. **Cardiovascular:** Capillary refill < 3 seconds Heart tones S1 S2. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are coarse bilaterally. **Gastrointestinal:** Bowel sounds present X 4 quads. Reports normal bowel habits. **Genitourinary:** Reports normal urinary habits. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is dry. Skin is normal. **Musculoskeletal:** No deficits noted. wb1
 11:47 **General:** Pts mother reports cold symptoms and wheezing started this morning. Mom reports pt temp"it was 100.1 this morning. wb1
 11:48 **EENT:** Nares with drainage noted bilaterally. sd4

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:10		153	32	97.8	96%	13.15 kg / 28 lbs 16 oz	38 in. (97 cm)	0/10	Imm

Vitals:

Nurse's Notes Con't

11:10 Acuity: 3 - Urgent.

Imm

11:33 Body Mass Index = 13.98.

wb1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:10	spontaneous(4)	oriented(5)	obeys commands(6)		15	Imm

ED Course:

11:05 Patient arrived in ED.

ms2

11:05 Patient moved to KIOSK.

ms2

11:10 Allen, Scott is Private Physician.

Imm

11:10 Triage completed.

Imm

11:13 Patient moved to Waiting.

Imm

11:30 Patient moved to 12.

sd4

11:33 Bright, Whitney, RN is Primary Nurse.

wb1

11:33 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Child being held by parent.

wb1

11:36 Willis, Fred, MD is Attending Physician.

sw2

12:06 Critical Med Co-Sign: prelone 1/2 tsp, dosage verified by S.David, RN.

sd4

12:13 Patient moved to Radiology.

kn

12:13 Patient moved to 12.

kn

12:13 Chest 2 View *routine* Sent.

kn

12:37 Allen, Scott is Referral Physician.

sw2

Administered Medications:

Time	Drug & Dose <i>Dispense Date & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12:05	Rocephin 500 mg		IM			left vastus lateralis		wb1
12:15	Follow up: Response: Tolerated well							wb1
12:06	DuoNeb 1 unit dose		Inhalation					wb1
13:16	Follow up: Response: Tolerated well							wb1
12:06	PrElone Liquid 0.5 tsp		PO					wb1
12:15	Follow up: Response: Tolerated well							wb1

Outcome:

12:37 Discharge ordered by MD.

sw2

13:17 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

wb1

13:18 Electronic medical record closed.

wb1

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K32302531

Nurse's Notes Con't

Signatures:

Willis, Fred, MD	MD sw2	Scriptuser, MEDHOST	ms2
David, Syndee, RN	RN sd4	Norris, Katie	kn
Scott, Christian, Scribe	Scribe cs9	Morrow, Latarsha, RN	RN Imm
Bright, Whitney, RN	RN wb1		

WILLIS-KNIGHTON SOUTH
Account: K32302531
Patient: [REDACTED] L
Order Dr: Willis Jr, Fred Spence M.D.
EPI: 000000001116206
XR REPORT
REG ER
DOB: 10/01/13

Final Report

Admitting Diagnosis: BREATHING DIFFICULTY
Reason For Exam: Breathing Difficulty Interpretive Location: WKN
Procedure Date: 05/01/2016 Accession Number: 3172112
Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No Acute Cardiopulmonary Disease.

RESULT: PA AND LATERAL CHEST

Clinical Information: Breathing Difficulty

Comparison: 12/31/2015

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass lesion, or effusion. No significant skeletal abnormality is seen.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on May 1 2016 12:25P

Willis Knighton PCI **LIVE** (PCI: OE Database WKS)

RUN DATE: 05/01/16
RUN TIME: 1117
RUN USER: MONETT.AM

Willis Knighton with *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 07M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32302531 EPI#: 000000001116205

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:	03/10/16 - 1338
NKA	
Allergy2-Med/Contact:	03/10/16 - 1338
NKA	
Food Allergies-Intol:	03/10/16 - 1338
NKFA	
Latex Allergy (Y/N):	03/10/16 - 1338
N	

Pharmacy Allergy List (Coded Allergies), historical data:

03/12/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



[REDACTED] L
10/01/13 2Y 07M
Willis Jr, Fred Spe
K32302531 05/01/16

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for:

Arrival Date:

05/01/16 11:05

Care Complete Time:

05/01/16 12:37

10/01/13 2Y 07M L
Willis Jr, Fred Spe
K32302531 05/01/16

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Willis, Fred, MD

Diagnosis: Bronchitis Acute; Bronchitis Asthmatic

DISCHARGE INSTRUCTIONS	FORMS
Asthma, Childhood Bronchitis	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Allen, Scott When: Tomorrow	Zithromax Prelone
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aliyah Henderson
MRN # K000629604
ED Physician or Nurse
W BRIGHT**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

Allen, Scott
When: Tomorrow



AALIYAH L
10/01/13 2Y 07M
Willis Jr, Fred Spe
K32302531 05/01/16

PRESCRIPTIONS

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution
Take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5;
21 milliliter

Prelone 15mg/5ml Oral Solution
Take 0.5 teaspoonful by ORAL route once daily for 5 days; 1 QS

TESTS AND PROCEDURES

Labs
None

Rad
Chest 2 View *routine*

Procedures
None

Other
Call X-Ray Tech



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 05/01/16

Admission Time: 1105

AM3349.1
Page 1 of 2



AM0005



10/01/13 2Y F
Willis Jr, Fred Spence M.D.
K32302531 05/01/16



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Date/Time	Guardian	Date/Time	Witness	Date/Time
Print Name		Print Name		Print Name	

If Patient/Guardian is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 05/01/16
Admission Time: 1105
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



L
10/01/13 2Y F
Willis Jr, Fred Spence M.D.
K32302531 05/01/16

Printed: 03/10/2016

WILLIS-KNIGHTON HEALTH SYSTEM

FACESHEET

WILLIS-KNIGHTON SOUTH		SHREVEPORT, LA	
ADMITTING DIAGNOSIS:			Code
PRINCIPAL DIAGNOSIS:			
OTHER DIAGNOSES:			
OPERATIONS/OTHER PROCEDURES:			Date
DISCHARGE STATUS: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> AMA <input type="checkbox"/> SNF/HRF <input type="checkbox"/> HHA <input type="checkbox"/> Expired <input type="checkbox"/> Autopsy <input type="checkbox"/> OTHER			LENGTH OF STAY 2 DAYS
Physician's Signature			Date
Account No. K32120206	Admission Date 03/10/16	PR ER	MEDITECH Unit Number K000629604
Room/Bed K.E5509/1	Admission Time 1132	Subscriber Name [REDACTED]	
Type ADM IN	Location/Service PED	Subscriber DOB [REDACTED]	
Last INF DATE	Last Discharge Date 11/05/15	Social Security Number 338-89-3614	
Name [REDACTED] L	Date of Birth 10/01/13	Age 2Y	Sex F
Street 2247 LEGARDY STREET	Race BLACK OR AFRICAN A		
City/State/Zip SHREVEPORT, LA 71107	Marital Status SINGLE		
Home Phone (318)210-3821	Religion NO RELIGION		
County CADDO PARISH			
Name CHILD	Name ALEXANDER, JENNIFER		
Street [REDACTED]	Street 2247 LEGARDY STREET		
City/State/Zip [REDACTED]	City/State/Zip SHREVEPORT, LA 71107		
Phone [REDACTED]	Phone (318)210-3821	Relationship: M	
Occupation CHILD			
Name ALEXANDER, JENNIFER	Name ALEXANDER, JENNIFER		
Street 2247 LEGARDY STREET	Street 2247 LEGARDY STREET		
City/State/Zip SHREVEPORT, LA 71107	City/State/Zip SHREVEPORT, LA 71107		
Phone (318)210-3821	Phone (318)210-3821	Relationship: M	
SSN 435-59-6369			
Name JOHNSON'S CARE	Accident Date	Arrival Mode C	
Street 4038 MARRON PLACE	Prim Care Phy UNKNOWN		
City/State/Zip SHREVEPORT, LA 71109	Attend. Phy Tran, Sharon N M.D.		
Phone (318)631-7714	Other Phys. Tran, Sharon N M.D.		
LA HLTHCARE CONN LA ME	1997286458512	MEDICAID	
Is this Patient Here for Pre-Op Testing: NONINJURY			
Comment: NONINJURY		Admit Clerk: SANDEH, AM	
Notice Given: Y	Date Notice Given: 09/23/14	MEDS Eligible:	
Reason for Visit: ASTHMA EXACERBATION; URI			
Preferred Language: ENGLISH		Ethnicity: NHILAT	
Known Drug Allergies: NKDA		Patient Survey: N	





Pediatric Hospitalist Progress Note

Summary

Date: 3/12/14 Time: _____ Name: _____

Interval History: Resting in ☐ bed ☐ chair ☒ crib ☒ No new problems/complaints
☐ Other feeding well in crib

Meds: ☒ Reviewed Remarks _____

☐ Discussed Assessment/Plan with ☐ patient ☒ family at ☒ bedside ☐ per phone

ROS: ☐ 10 systems reviewed otherwise Negative Positive: _____

Interval Physical Exam:

Vitals: temp 98.4 HR 117 RR 28 O2 sat 97%

General: ☒ Well-hydrated ☒ WN ☒ NAD ☒ Nontoxic ☐ Remarks _____

HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☐ PERRL ☒ Conjunctiva clear
☒ No rhinorrhea/congestion ☐ Nasal flaring ☒ Tympanic membranes normal bil ☒ Oral mucosa moist ☒ Pharynx normal
☐ Remarks _____

Neck: ☒ Normal ☒ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____

Heart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☒ Normal ☐ CTA bil ☐ Unlabored Air movement: ☒ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi
☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks _____

Abdomen: ☒ Normal ☒ Soft ☐ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly
☐ Masses ☐ Remarks _____

Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses
☐ Remarks _____

Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☐ Normal ☒ Warm/dry ☐ Rash ☐ Remarks _____

Neuro: ☒ Normal/nonfocal ☐ Warm/dry ☐ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact
☐ Remarks _____

Lab: ☐ Reviewed ☐ Abnormals

Ca 9
 Alb _____ Ast/Alt _____
 Alk/Phos _____
 T/Dbili _____

Segs _____
 Bands _____
 Lymphs _____

140 | 108 | 7
5.3 | 22 | 0.3 <105

Other: CHE: none viral rebg phel: @ phino/art virus
Mycoplasma Ig M @

Impression: 2 y/o female w/ viral illness,
WNL, status asthmaticus - resolved,
Resp failure - resolved. Dry well.
Pl was placed in PICU for night & required
Magnesium & 3 doses of Vapotherm. She also
received IV, IV steroids, Albuterol, Ativan. She
improved quickly & was weaned off Vapo & intubated in OR.

Physician Signature _____ Date/Time 3/12/14 3pm
☒ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)

Plan: ☒ See orders ☒ Continue medical management
☐ Recommendations per consultant/s: _____

☒ Follow labs ☒ O2, Respiratory Therapy
☒ Continue antibiotics, Day #3 Amoxic
☒ Continue therapy/Rehab ☒ Nutrition support

Plan: D/C home on PO steroids x 3d,
Amoxic x 2d, Alb rebg pm.
Plan 2 PIP. Disposed App & D/C & when done
to be planning 2 gm intubation at 16pm.
Spent 280 min in PICU

D/C Dx: Respiratory Failure resolved
Status Asthmaticus



Pediatric Hospitalist History and Physical

Patient Name: _____ Date: 3/10/16 Time: _____PCP: LSU Source of Information: MomChief Complaint: Wheezing, labored breathing

History of Present Illness:

2 y/o female is PMH sig for asthma presented to URS ER with fever, labored breathing. Mom reports pt developed cough, runny nose, fever max 101.3 at home yesterday.

This morning, she began wheezing which was mildly alleviated by Albuterol initially. However, symptoms/wheezing progressively worsened & pt taken to ER when she developed labored breathing.

In ER, pt tachycardic RR: 40s E moderate retractions.

She was admitted to further care. xrd @ & appetite poor since onset

Past Medical/Birth History: ☐ Unremarkable ☐ Other Asthma, 1 previous PICU stay
2x 27 weeks, stayed 100 days in LSU intubation in NICU
MCU.

Past Surgical History: ☒

Allergies: ☒ NKDA ☐ Other _____

Immunizations: ☒ UTD ☐ Other _____

Family History: ☒ Noncontributory ☐ Other _____

Social History: ☒ Lives at home with parents ☐ Attends school _____

☐ Other _____

Home meds: Albuterol prn



HP0005

HENDERSON, AALIYAH L
 10/01/13 2Y 05M
 Tran, Sharon N M.D. K. 85509
 R32120206 03/10/16

Pediatric Hospitalist History and Physical continued

General: ☐ None ☒ Fever ☒ Decreased appetite/oral intake ☐ Decreased activity ☐ Fussiness ☐ Other _____HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☒ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c
☐ Sore throat ☐ Other _____Cardiovascular: ☒ None ☐ Cyanosis ☐ Chest pain _____Respiratory: ☐ None ☐ Cough ☒ SOB ☐ Wheeze ☐ Other _____GI: ☒ None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other _____Hematology: ☒ None ☐ Easy bruising ☐ Epistaxis ☐ Other _____Neuro: ☒ None ☐ Headache ☐ Syncope ☐ Seizures ☐ LOC ☐ Other _____GU: ☒ None ☐ Decreased urine ☐ Dysuria ☐ Discharge ☐ Other _____Physical Exam: *10 systems reviewed & normal*Vitals: Temp 98.4 HR 162 RR 92 O2 sat 96 on 24% NC Wt 12.7 kgGeneral: ☐ Well-hydrated ☐ WN ☐ NAD ☒ Nontoxic ☐ Remarks *mod fever Resp distress*HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☒ Conjunctiva clear
☐ No rhinorrhea/congestion ☐ Nasal flaring ☒ Tympanic membranes normal bil ☒ Nasal mucosa moist ☐ Pharynx normal
☒ Remarks *clear*Neck: ☒ Normal ☒ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention
☐ Remarks _____Heart: ☐ Normal ☒ S1S2 ☐ RRR ☐ Murmur ☐ Remarks *subcostal retractions tachypnea*Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ good ☐ fair ☐ poor ☒ Wheeze (end expiratory/inspiratory) *Diffuse*Abdomen: ☐ Normal ☒ Soft ☒ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly
☐ Masses ☐ Remarks _____Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses
☐ Remarks _____Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____Skin: ☒ Normal ☐ Rash ☐ Remarks _____Neuro: ☒ Normal/nonfocal ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact
☐ Remarks _____GU: ☐ Normal male/female genitalia Testes descended: ☐ Right ☐ Left☐ Remarks _____

HP0005

HENDERSON, AALIYAH L
10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16

WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospital History and Physical continued

LAB: ☐ Reviewed ☐ Abnormals

143	112	6	14
4.4	22	0.30	

Ca 9.2

Alb AstAlt

Alk/Phos

T/Dbill

10.5	806
39.6	

Segs 84

Bands

Lymphs 6

☒ CXR @ peripheria infiltrate☒ Cultures Blood

Other: Flu/RSV @

Myelogram IGM @

Plan:

☒ See orders ☒ Continue medical management ☒ Follow labs ☒ O2, Respiratory Therapy☒ IV Fluids Discussed assessment & plan with ☐ Patient ☒ Family☒ IV antibiotics: Rocephin, Zithromax☐ Consults:☐ Remarks: 2 y/o female ^{Sharon} status asthmaticus, Resp distress, UOI/pruritus?

Physician Signature

3/10/16 2pm

Date/Time

☒ Sharon Tran, M.D.(2944)☐ Greg Oji, M.D. (2977)

Mon. closely. Will give
a continuous dose of Alb reb & then
scheduled rebs, Atrevent, IV steroids,
Mox sulfate x1, IV & 1/4 ABX.
Mon. closely; Consider PICC transfer
if [REDACTED] no improvement.



HP0005

HENDERSON [REDACTED] L
10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16

Physician Documentation**Willis Knighton South**

Name: Aaliyah [REDACTED]
Age: 2 years **Sex:** Female **DOB:** 10/01/2013
Arrival Date: 03/10/2016 **Time:** 06:48
Bed 8

MRN: K000629604
Account#: K32120206
Private MD: Allen, Scott

HPI:

03/10 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Wheezing > 1 cs9
 07:29 Year.

07:29 The patient presents to the emergency department with congestion, fever, with an emergency department cs9
 temperature of 99.0 degrees Fahrenheit, rhinorrhea, wheezing. Onset: The symptoms/episode
 began/occurred yesterday. Associated signs and symptoms: Pertinent positives: congestion, fever, nasal
 discharge, wheezing, Pertinent negatives: constipation, diarrhea, seizure, shortness of breath, vomiting.
 Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by
 nothing. Treatment prior to arrival: Motrin. The patient has experienced a previous episode. The patient has
 not recently seen a physician.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
 2. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

07:24 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations: dwp
 up to date. Social history: The patient lives with mother.

07:37 History obtained from mother. The history from nurses notes was reviewed and confirmed. cs9

ROS:

07:37 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned cs9
 below. **Eyes:** Negative for injury, pain, redness, discharge, swelling, vision changes, vision loss **Neck:**
 Negative for injury, pain, and swelling, **Cardiovascular:** Negative for chest pain and edema, **Abdomen/GI:**
 Negative for abdominal pain, nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis,
 melena, anorexia, dysphagia, injury, and distension **Back:** Negative for injury, pain, deformity, and
 decreased ROM **GU:** Negative for injury, bleeding, and swelling, **MS/Extremity:** Negative for injury, pain,
 swelling, and decreased ROM **Skin:** Negative for injury, rash, discoloration, swelling, and lesions **Neuro:**
 Negative for seizure, and altered mental status **Psych:** Behavior and affect appropriate for age.
Constitutional: Positive for fever, Negative for coughing, fatigue, fussiness, poor PO intake, shortness of
 breath, vomiting. **ENT:** Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty
 handling secretions, difficulty swallowing, hoarseness, nose bleed, pulling at ears. **Respiratory:** Positive for
 wheezing, Negative for cough, hemoptysis, shortness of breath.

Exam:

07:37

cs9

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.
 Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
 swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
 range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
 abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
 PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,
 rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Physician Documentation Con't.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses to physical exam, good muscle tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: asymmetrical chest movement, is not seen, accessory muscle usage, is absent, grunting, is not present, nasal flaring, is not appreciated, intercostal retractions, that is moderate, shallow respirations, are not present, splinting, is not noted, tachypnea, that is mild, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, that are mild, are scattered, wheezing, that is mild, is heard diffusely, expiratory, bronchial sounds, are not appreciated.

11:07

cs9

ENT: External ear(s): are unremarkable, no erythema, no swelling, no pain with movement, Ear canal(s): are normal, clear, no cerumen impaction, no erythema, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, dullness, is not appreciated, erythema, that is mild, bilaterally, Nose: is normal, no drainage, no edema, no erythema, no septal hematoma, no swelling, Mouth: is normal, no gum abnormalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions, no swelling.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
07:05		174	38	99.0	96% on R/A	12.7 kg / 28 lbs 0 oz (M)		eb1
08:30		188			98% on R/A			dwp
08:44					94%			rbp
08:59			36 Spontaneous	99.4(T)	94% on R/A			dwp
08:59					93%			rbp
09:11				100.3(R)				dwp
09:14					99% on R/A			rbp
09:29					94% on R/A			rbp
09:35		167			96% on R/A			rbp
09:46		171	38		95% on R/A			rbp
09:49		184	42					rbp
09:59					100%			rbp
09:59		178	41		95% on R/A			rbp
10:28		180	40		96% on R/A			rbp
10:30				99.7(R)				rbp
10:59		172			93%			rbp
12:00		174	39	99.4	95% on R/A			rbp

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
06:56	spontaneous(4)	oriented(5)	obeys commands(6)		15	eb1

Name: Aaliyah

MRN: K00062960-1

Account#: K32120206

Print Time: 3/10/2016 12:24:21

Page 2 of 3

Physician Documentation Con't.**MDM:**

07:33 Patient medically screened.

ah

07:39

cs9

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for further work-up and treatment in the hospital.

10:28 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

ah

Physician consultation: Dr. Sharon Tran MD regarding admission, patient's condition.

ED course: Pt improved but continues to have increase wob. Will admit for continued care and further eval.

10:29

ah

Data interpreted: Pulse oximetry: Interpretation: acceptable.

Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation every 15 minutes x2	Ordered	03/10/16 07:35	dwp	ah
	Administered	03/10/16 07:35	dwp	
	Administered	03/10/16 08:00	dwp	
Notes:	Order Method: Verbal - Read back			
	Sign off: Haynes, Andrew, MD 03/10/16 07:36			
03/10/16 07:35	Administration: DuoNeb 1 unit dose Inhalation			dwp
03/10/16 07:50	Follow Up: Response: No Adverse Reaction; No audible wheezing noted			dwp
03/10/16 08:00	Administration: DuoNeb 1 unit dose Inhalation			dwp
03/10/16 08:31	Follow Up: Response: No Adverse Reaction; No nasal flaring and abdominal retractions noted at this time			dwp
Order	Status	Time	By	For
Orapred 2 tsp PO once	Ordered	03/10/16 07:36	ah	ah
	Administered	03/10/16 08:00	dwp	
Notes:	Order Method: Electronic			
03/10/16 08:00	Administration: Orapred 2 tsp PO			dwp
03/10/16 08:31	Follow Up: Response: No Adverse Reaction			dwp
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	03/10/16 07:36	ah	ah
	Completed	03/10/16 08:05	Pearson, David, RN	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
Chest Xray Portable 1 View	Ordered	03/10/16 07:36	ah	ah
	Reviewed	03/10/16 08:39	Haynes, Andrew, MD	
Notes: Bed Name: 8	Order Method: Electronic			

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K32120206

Print Time: 3/10/2016 12:24:21

Page 3 of 6

Physician Documentation Con't.

Interpretation: no acute process.

SPECIFIC TIME TO BE DONE: (OERDSPECTI): STAT

ER EXAM ROOM/BED: (OERDERRMBD): 8

Is the patient able to bear weight? (OERDBEARWT):

Is the patient at risk for falls? (OERDFALLS):

MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER

O2: (OEADO2): No

REASON FOR EXAM: (OERDEXAM): Wheezing > 1 Year

Order	Status	Time	By	For
CBC With Diff	Ordered	03/10/16 09:03	ah	ah
	Reviewed	03/10/16 09:39	Haynes, Andrew, MD	
Notes:	Order Method: Electronic			

Interpretation: White Blood Cel 17.1; Hemoglobin 10.5; Hematocrit 34.6.

COLLECTED BY NURSE? (Y/N) (OELBCBN): No

Comments: (OEMICCOM):

Ordering Location: ERNPC1.1

Quantity 1: 1

Order	Status	Time	By	For
Blood Culture, Bacteria	Ordered	03/10/16 09:03	ah	ah
	In Process Unspecified	03/10/16 09:03	Dispatcher MedHost	
Notes:	Order Method: Electronic			

COLLECTED BY NURSE? (Y/N) (OELBCBN): No

Source (OEMICbld): Venipuncture

Is patient allergic to Iodine/Betadine? (LBIODINE1); UI=Boolean; Shared=F; Required=T; Visible=T:

Quantity or Number of Units: 1 unit

Order	Status	Time	By	For
Chem 8	Ordered	03/10/16 09:03	ah	ah
	Reviewed	03/10/16 09:54	Haynes, Andrew, MD	
Notes:	Order Method: Electronic			

Interpretation: Glucose 114; Chloride 112; BUN 6.

COLLECTED BY NURSE? (Y/N) (OELBCBN): No

Comments: (OEMICCOM):

Ordering Location: ERNPC1.1

Quantity 1: 1

Order	Status	Time	By	For
Tylenol - Acetaminophen Suppository 180 mg PR once	Ordered	03/10/16 09:10	dwp	ah
	Administered	03/10/16 09:10	dwp	
Notes:	Order Method: Verbal - Read back			
	Sign off: Haynes, Andrew, MD 03/10/16 09:19			

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K32120206

Print Time: 3/10/2016 12:24:21

Page 4 of 6

Physician Documentation Con't.

03/10/16 09:10 Administration: Tylenol - Acetaminophen Suppository 180 mg PR		dwp	
03/10/16 10:31 Follow Up: Response: Temperature is decreased		rbp	
Order	Status	Time	By For
DuoNeb 1 unit dose Inhalation once	Ordered	03/10/16 09:39	ah ah
	Administered	03/10/16 09:52	rbp
Notes:	Order Method: Electronic		
03/10/16 09:52 Administration: DuoNeb 1 unit dose Inhalation		rbp	
03/10/16 10:37 Follow Up: Response: still retracting		rbp	
Order	Status	Time	By For
COLLECT SWAB	Ordered	03/10/16 09:39	ah ah
	Completed	03/10/16 09:52	Pabalan, Renaida RN
Notes:	Order Method: Electronic		
Order	Status	Time	By For
Influenza and RSV Panel by PCR	Ordered	03/10/16 09:39	ah ah
	In Process Unspecified	03/10/16 09:40	Dispatcher MedHost
Notes:	Order Method: Electronic		
Order	Status	Time	By For
Mycoplasma Rapid	Ordered	03/10/16 10:43	ah ah
	In Process Unspecified	03/10/16 10:43	Dispatcher MedHost
Notes:	Order Method: Electronic		
Order	Status	Time	By For
Rocephin 500 mg IVPB once	Ordered	03/10/16 10:43	ah ah
	Administered	03/10/16 11:58	rbp
Notes:	Order Method: Electronic		
03/10/16 11:58 Administration: Rocephin 500 mg IVPB in left hand over 60 mins		rbp	

Order Signatures:

Haynes, Andrew, MD

MD ah

Pearson, David, RN

RN dwp

Disposition:

07:39 This chart was scribed by Scott, Christian, Scribe. In the presence of Andrew Haynes MD.

cs9

10:28 Electronically signed by: Andrew Haynes M.D. Disposition.

ah

Disposition:

03/10/16 10:29 Admit ordered for Tran, Sharon. Preliminary diagnosis are Asthma with Acute Exacerbation,

Name: Aaliyah

MRN: K00062960.1

Account#: K32120206

Print Time: 3/10/2016 12:24:21

Page 5 of 6

Physician Documentation Con't.**Upper Respiratory Infection (URI).**

- Bed requested for Specific Bed.
- Condition is Good.
- Problem is new.
- Symptoms have improved.

Signatures:

Dispatcher MedHost	EDMS	Pearson, David, RN	RN	dwp
Haynes, Andrew, MD	MD ah	Bentrup, Edward, RN	RN	eb1
Pabalan, Renaida, RN	RN rbp	Dickson, Angela, ED Tech	ED Tech	ajd
Scott, Christian, Scribe	Scribe cs9			

Corrections:

10:35 07:39 Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient; order radiologic study(s); es9 cs9

10:35 07:39 Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis; radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home; es9 cs9

11:08 07:37 Head/Face: Normocephalic, atraumatic. Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membranes moist, pink, and intact. Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic: No abnormal lymphadenopathy noted by palpation in the neck or axilla. Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. Back: No spinal tenderness. No costovertebral tenderness. Full range of motion. Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis. MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses to physical exam, good muscle tone, easily consolable. Psych: Behavior, mood, response, and affect are appropriate for age. es9 cs9

Name: Aaliyah

MRN: K000629604
Account#: K32120206

Print Time: 3/10/2016 12:24:21

Page 6 of 6

Nurse's Notes

Name: Aaliyah
 Age: 2 years Sex: Female DOB: 10/01/2013
 Arrival Date: 03/10/2016 Time: 06:48
 Bed 8

Willis Knighton South

MRN: K000629604
 Account#: K32120206
 Private MD: Allen, Scott

Presentation:

03/10 Method of Arrival: Carried. eb1
 06:56 Preferred language for medical communication is English. Presenting complaint: Mother states: child is congested and wheezing. sx started yesterday. Fever yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Advil. eb1
 07:00 Acuity: 3 - Urgent. eb1

Triage Assessment:

06:56 **General:** Appears well developed, well nourished, slender, Behavior is cooperative, appropriate for age. eb1
 quiet, mobility; ambulates without assistance Reports fever for 12-24 hours, feeling ill for 12-24 hours. **Pain:** currently is 10 out of 10 on a pain scale. at worst was 10 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. Pain began 1 day ago Alleviated by medications, Noted to be crying, grimacing, moaning, Also complains of Current management is partially effective.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
 2. Albuterol Inhl as needed
- **PMHx:** Asthma
- **PSHx:** None

Historical:

07:24 Family history: No immediate family members dwp
 are acutely ill. Immunization history:
 Childhood immunizations up to date. Social
 history: The patient lives with mother.
 07:37 History obtained from mother. The history cs9
 from nurses notes was reviewed and
 confirmed.

Screening:

06:56 **Abuse screen:** eb1
 there are no obvious signs of child abuse.
Patient fall risk assessment;
 risks identified; is of toddler age, Intervention
 for positive screen: parent/caregiver holding
 child, teaching provided regarding fall risk,
 with verbalized understanding.
Learning Barriers:
 age barrier Identified, caregiver ready and
 willing to learn, prefers oral and written
 instructions.
Pedi Fall Risk
 None Identified Total Pediatric Fall Risk
 Score: 0 - 1 points = Low Risk for Falls.
Exposure risk/Travel Screening:
 None Identified. Has not been out of the
 country.

Assessment:

07:24 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale dwp
 score is 5 out of 10. **General:** Appears well developed, well nourished, well groomed, uncomfortable,
 Behavior is cooperative. **Neuro:** Level of Consciousness is lethargic. **Respiratory:** Respiratory effort is
 even, unlabored, with nasal flaring, with retractions, Respiratory pattern is symmetrical, tachypnea audible
 wheezing heard Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally.
Gastrointestinal: other retractions noted. **Musculoskeletal:** Range of motion intact in all extremities.
 08:48 **Neuro:** Pt appears lethargic, ERMD notified. dwp
 08:49 **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, no audible dwp
 wheezing noted at this time.
 09:51 **Respiratory:** Respiratory effort is with nasal flaring, with retractions, Respiratory pattern is tachypnea rbp
 patient keeps on sneezing while awake.
 10:27 **Respiratory:** Breath sounds with rhonchi in left posterior lower lobe and right posterior lower lobe. rbp

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff

Nurse's Notes Con't

07:05		174	38	99.0	96% on R/A	12.7 kg / 28 lbs 0 oz (M)	eb1
08:30		188			98% on R/A		dwp
08:44					94%		rbp
08:59			36 Spontaneous	99.4(T)	94% on R/A		dwp
08:59					93%		rbp
09:11				100.3(R)			dwp
09:14					99% on R/A		rbp
09:29					94% on R/A		rbp
09:35		167			96% on R/A		rbp
09:46		171	38		95% on R/A		rbp
09:49		184	42				rbp
09:59					100%		rbp
09:59		178	41		95% on R/A		rbp
10:28		180	40		96% on R/A		rbp
10:30				99.7(R)			rbp
10:59		172			93%		rbp
12:00		174	39	99.4	95% on R/A		rbp

Vitals:

06:56 Acuity: 3 - Urgent.
07:24 Body Mass Index =

eb1
dwp

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
06:56	spontaneous(4)	oriented(5)	obeys commands(6)		15	eb1

ED Course:

06:48 Patient arrived in ED.
06:48 Patient moved to KIOSK.
06:56 Allen, Scott is Private Physician.
06:56 Triage completed.
07:06 Patient moved to Waiting.
07:11 Patient moved to 7.
07:15 Patient moved to 8.
07:17 Haynes, Andrew, MD is Attending Physician.
07:24 Side rails up X 1. Bed in low position. Patient has correct armband on for positive identification. Adult with patient.
07:51 Patient moved to Radiology.
07:51 Patient moved to 8.
07:51 Chest Xray Portable 1 View Sent.
09:50 uncomfortable. ER nurse to see patient. ED physician to see patient, Andrew Haynes MD.
09:51 Pulse ox on. Non invasive blood pressure on. Bedside monitor alarms on and audible.
09:51 Influenza culture sent to lab.

ms2
ms2
eb1
eb1
eb1
dwp
dwp
ah
dwp
mh4
mh4
mh4
rbp
rbp
rbp

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K32120206

Nurse's Notes Con't

10:25 DR TRAN IS PAGED.
 10:27 Pabalan, Renaida, RN is Primary Nurse.
 10:29 Tran, Sharon, MD is Admitting Physician.
 10:29 Waiting for Bed Assignment.
 10:42 DR TRAN RETURNED CALL.
 11:13 Inserted saline lock IV, 22 gauge in left hand.
 11:51 Waiting for Bed Assignment.
 12:22 No procedures done that require assistance.

ajd
 rbp
 ah
 ah
 ajd
 rbp
 ajd
 rbp

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
07:35	DuoNeb 1 unit dose	Inhalation					dwp
07:50	Follow up: Response: No Adverse Reaction; No audible wheezing noted						dwp
08:00	DuoNeb 1 unit dose	Inhalation					dwp
08:31	Follow up: Response: No Adverse Reaction; No nasal flaring and abdominal retractions noted at this time						dwp
08:00	Orapred 2 tsp	PO					dwp
08:31	Follow up: Response: No Adverse Reaction						dwp
09:10	Tylenol - Acetaminophen Suppository 180 mg	PR					dwp
10:31	Follow up: Response: Temperature is decreased						rbp
09:52	DuoNeb 1 unit dose	Inhalation					rbp
10:37	Follow up: Response: still retracting						rbp
11:58	Rocephin 500 mg	IVPB		60 mins	left hand		rbp

Intake:**Outcome:**

10:29 Admit ordered by MD.
 12:20 Moved to Floor Room # 502, accompanied by tech, via wheelchair, with chart. Report called to Valerie, RN, using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions. No belongings were removed by WK staff. **Medication reconciliation form provided. Med Effects:** Patient recieved no medications during this visit. **Oxygen use:** Oxygen use not applicable.

ah
 rbp

Signatures:

Pearson, David, RN	RN	dwp	Haynes, Andrew, MD	MD	ah
Bentrup, Edward, RN	RN	eb1	Pabalan, Renaida, RN	RN	rbp
Scriptuser, MEDHOST		ms2	Dickson, Angela, ED Tech	ED Tech	ajd
Scott, Christian, Scribe	Scribe	cs9	Harris, Mary		mh4

Corrections:

08:48 ~~07:24~~ Neuro: Level of Consciousness is alert, awake, obeys commands, Oriented to person, place, time.

dwp dwp

Name: Aaliyah

MRN: K000629604
 Account#: K32120206

Print Time: 3/10/2016 12:24:20

Page 3 of 3

Willis Knighton South

Name: Aaliyah
Age: 2 years Sex: Female DOB: 10/01/2013
Arrival Date: 03/10/2016 Arrival Time: 06:48

MRN: K000629604
Account#: K32120206

**EMERGENCY DEPARTMENT
HOME MEDICATION RECONCILIATION**

Allergies: No known drug Allergies

	Home Medication	Route	Dose	Frequency	Last Dose
1	Albuterol	Nebulizer		as needed	
2	Albuterol	Inhl		as needed	

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
03/10 07:35	DuoNeb 1 unit dose	Inhalation					dwp
07:50	Follow up: Response: No Adverse Reaction; No audible wheezing noted						dwp
08:00	DuoNeb 1 unit dose	Inhalation					dwp
08:31	Follow up: Response: No Adverse Reaction; No nasal flaring and abdominal retractions noted at this time						dwp
08:00	Orapred 2 tsp	PO					dwp
08:31	Follow up: Response: No Adverse Reaction						dwp
09:10	Tylenol - Acetaminophen Suppository 180 mg	PR					dwp
10:31	Follow up: Response: Temperature is decreased						rbp
09:52	DuoNeb 1 unit dose	Inhalation					rbp
10:37	Follow up: Response: still retracting						rbp
11:58	Rocephin 500 mg	IVPB		60 mins	left hand		rbp

Prescriptions:

Prescription	Custom Text
(Nothing entered)	

DISCHARGE INSTRUCTIONS
Change Home Meds as Follows

ALL ORDERED MEDICATIONS MUST
BE WRITTEN ON HOSPITAL ORDER
SHEET.
THIS DOCUMENT *IS NOT*
A PHYSICIAN ORDER SHEET

RUN DATE: 03/12/16
 RUN TIME: 1011
 RUN USER: COOKC4.NB

Willis Knighton South *ADMISSIONS*
 Discharge Orders/Discharge Medication Reconciliation

PAGE 1

WKHS PNEUMOCOCCAL Vaccine Protocol
 PREVNAR 13 (Pneumococcal 13 Valent Vaccine)
 Administer Year Round

Contraindications (Do NOT administer)
 (Check all that apply)

- ☒ Patient does not meet vaccine indications below
- ☐ Patient has received Pneumovax (Pneumococcal 23 Valent) vaccine within the last year
- ☐ Patient has received Prevnar-13 (Pneumococcal) 13 Valent Vaccine
- ☐ Patient refused vaccine
- ☐ Known sensitivity to previous dose of pneumococcal vaccine
- ☐ Known sensitivity to Diphtheria Toxoid containing vaccines

Indications (Check all that apply)

- ☐ 65 years of age or older AND none of the contraindications above
- ☐ 65 years of age or older, pneumococcal vaccination status unknown AND none of the contraindications above

If NO Contraindications
 Administer Prevnar-13 (Pneumococcal 13 Valent Vaccine)

☐ 0.5 mL IM

Lot Number: _____ Manufacturer: _____

Date on vaccine information sheet: _____ Vaccine Information Sheet (VIS) given to patient: YES NO

Patient vaccine consent: _____
 Patient Signature

*Document administration of vaccine on patient's MAR

Assessment completed by: Commander Pollard Date / Time: 3/12/16 1542 Printed Name: Commander Pollard RN

Clarification (by Pharmacy) of Prevnar-13 (Pneumococcal 13 Valent Vaccine order):

- ☐ The patient has received Pneumovax (Pneumococcal 23 Valent) in the last year. Do NOT administer
- ☐ The patient has previously received Prevnar-13 (Pneumococcal 13 Valent). Do NOT administer

Assessment clarification completed by: _____ Date / Time: _____ Printed Name: _____

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSEB, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: _____ L
 Acct#: K32120206
 Room/Bed: K.E5514-1
 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

RUN DATE: 03/12/16
 RUN TIME: 1011
 RUN USER: COOKC4.NS

Willis Knighton South *ADMISSIONS*
 Discharge Orders/Discharge Medication Reconciliation

PAGE 2

WKHS Adult Influenza Vaccine Protocol
 INFLUENZA Vaccine [Quadrivalent Inactivated (Killed)]
 Administer September - March
 Contraindications (Do NOT administer)
 (Check all that apply)

- ☒ Patient under age 18 years of age
☐ Vaccine not required (April - August)
☐ Patient previously immunized this flu season
☐ Patient refused vaccine
☐ History of serious reaction to vaccine
☐ History of allergy to eggs
☐ History of Guillain-Barre Syndrome

Indications
 (Check all that apply)

- ☐ 18 years of age or older AND none of the contraindications above

If NO Contraindications
 Administer Influenza (Quadrivalent) Vaccine

- ☐ 0.5 mL IM

Influenza vaccine given

Lot number: _____ Manufacturer: _____

Date on vaccine information sheet: _____ Vaccine Information Sheet (VIS) given to patient: YES NO

Patient vaccine consent: _____
 Patient's Signature

*Document administration of vaccine on patient's MAR

Assessment completed by: Camandra Pollard RN Date/Time: 3/12/16 c 1542 Printed Name: Camandra Pollard RN

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSEN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: [REDACTED] L
 Acct#: K32120206
 Room/Bed: K.E5514-1
 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

RUN DATE: 03/12/16
 RUN TIME: 1011
 RUN USER: COOKC4.NS

Willis Knighton South *ADMISSIONS*
 Discharge Orders/Discharge Medication Reconciliation

PAGE 3

Date of Discharge: 3/12/16Discharge patient to: home

☐ Home Health ☐ Physical Therapy

Diagnosis: Status Asthmaticus, viral illness, Resp Failure - Resolved

Allergies: NKA
 NKA

Follow-up: 2 PUP in 1 weekDiet: Reg

Vaccine Protocol:

☒ Follow Flu/Pneumonia Vaccine Protocol

Activity:

☐ Resume normal activity☐ No driving☐ Other: _____☐ Per physician instruction sheet☐ No climbing stairs☐ No lifting

Hygiene Restrictions:

☐ No restrictions☐ Shower only☐ Tub bath only☐ Sponge bath only☐ Other: _____

IV Therapy:

☐ discharge with saline lock in place☐ discharge with PICC line in place☐ discharge with central line in place☐ discharge with port access needle in place

Drainage devices:

☐ discharge with urinary catheter in place☐ discharge with _____ drain in place☐ discharge with (other) _____ in place

OR

☐ Complete NIHSS on discharge (WKP only)

2

☐ See physician discharge sheet (attached)

Name: HENDERSON, YAH L

Acct#: K32120206

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

RUN DATE: 03/12/16
 RUN TIME: 1011
 RUN USER: COOKC4.NS

Willis Knighton South *ADMISSIONS*
 Discharge Orders/Discharge Medication Reconciliation

PAGE 4

DISCHARGE MEDICATION RECONCILIATION

Continue at home? ☒ Yes ☐ No
 Please circle

HOSPITAL MEDICATIONS

☒ Yes ☐ No | ORAPRED U/D (PREDNISOLONE) 12mg (4mL) (REFRIGERATE!) PO Q12H

Change: *x 3 days*

☒ Yes ☐ No | XOPENEX 1.25 (LEVALBUTEROL) 0.63 MG INH .Q4H
 (USE VIA INHALATION NEBULIZATION ONLY!)

Change: *Albuterol 2.5 mg Neb Q4-6 pm when needed*

☒ Yes ☐ No | ZITHROMAX (AZITHROMYCIN) 65 MG (3.25 ML) PO Q24H
 GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS.
 (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)

Change: *x 2 days label for home use*

Continue at home? ☒ Yes ☐ No
 Please circle

PRN MEDICATIONS

☒ Yes ☐ No | TYLENOL (ACETAMINOPHEN) 180MG (5.62ML) PO PRN .Q4H
 PRN TEMP \geq 101 DEGREES F.
 (DO NOT EXCEED 4,000 MG/24HRS!)

Change:

☒ Yes ☐ No | ZOFRAN (EQUIV) (ONDANSETRON) 2 MG IV PRN .Q4H
 PRN NAUSEA, VOMITING

Change:

Noted C. Pollard MD 3/12/16 @ 1555

ADDITIONAL MEDICATIONS (NEW MEDICATIONS)



Name: [REDACTED] L
 Acct#: K32120206
 Room/Bed: K.E5514-1
 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

RUN DATE: 03/12/16	Willis Knighton South *ADMISSIONS*	PAGE 5
RUN TIME: 1011	Discharge Orders/Discharge Medication Reconciliation	
RUN USER: COOKC4.NS		
Physician Signature: <u>[Signature]</u> Date: <u>3/12/16</u> Time: <u>3pm</u>		
Signature certifies the above discharge order and discharge medications		
Clarifications, if necessary		
<u>Noted C. Ponder on 3/12/16 @ 1559</u>		
Physician Signature: _____ Date: _____ Time: _____		
(Signature only needed if clarifications are noted)		




Name: HENDERSON, AALIYAH L

Acct#: K32120206

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

RUN DATE: 03/12/16	Willis Knighton South *ADMISSIONS*	PAGE 6
RUN TIME: 1011	Discharge Orders/Discharge Medication Reconciliation	
RUN USER: COOKC4.NS		
Home Medications NOT An Order		
For Information/Comparison Only		
ALBUTEROL		
NOT AN ORDER		

	Name: [REDACTED] L
	Acct#: K32120206
	Room/Bed: K.E5514-1
	DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27



WILLIS-KNIGHTON HEALTH SYSTEM

7th ed
K922
3/11/10
1800

IU
 MgSO4
 MS
 MSO4
 QD or qd

international unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (0.x mg)


1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

PD00005



HENDERSON, AALIYAH L.
10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16

2016

RUN DATE: 03/11/16		Willis Knighton South *ADMISSIONS*		PAGE 1	
RUN TIME: 0926		Transfer Orders/Transfer Medication Reconciliation			
RUN USER: EVEREC.NS					
Transfer To: <input type="checkbox"/> Medicine <input type="checkbox"/> Telemetry <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Postpartum <i>Ado Pbn</i>					
Diet: <u>Reg</u>					
Vital Signs: <u>Flow protocol</u>					
Xrays (reason for exam): _____					
Labs: _____					
Activity: <input type="checkbox"/> Ad lib <input type="checkbox"/> Bedrest with Bathroom Privileges <input type="checkbox"/> Up with Assist <input type="checkbox"/> Strict Bedrest					
IV Therapy:					
<input type="checkbox"/> Discontinue Central Line Device and Obtain PIV access prior to transfer					
<input type="checkbox"/> Maintain Central Line Access					
Continue:					
<input type="checkbox"/> SCD's <input type="checkbox"/> Urinary Catheter or <input type="checkbox"/> Follow Houdini Protocol for catheter removal					
<input type="checkbox"/> TEDS					
<input type="checkbox"/> Foot pump					
Additional Orders:					
<u>Keep SATs ≥ 90 while awake, ≥ 88 while sleeping</u>					
TRANSFER MEDICATION RECONCILIATION					
Continued on transfer: _____ HOSPITAL MEDICATION: _____					
Please circle					
Yes <input checked="" type="radio"/> No <input type="radio"/>		ATROVENT 0.02% (IPRATROPIUM BROMIDE 0.02%)		INH .06H	
		2.5 ML UNIT DOSE		(USE VIA INHALATION NEBULIZATION ONLY)	
Change: _____					
Yes <input type="radio"/> No <input checked="" type="radio"/>		KCL / D5W-0.45%NS (KCL / D5W-0.45%NS)		IV .CONTINUOUS INFUSION	
		45 ML/HR			
Change: _____					
		Name: _____ L			
		Acct#: K32120206			
		Room/Bed: K.PICU1-1			
		DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27			

FAXED

CC [Signature] 3/11/16 1010

RUN DATE: 03/11/16
 RUN TIME: 0926
 RUN USER: EVEREC.NS

Willis Knighton South *ADMISSIONS*
 Transfer Orders/Transfer Medication Reconciliation

PAGE 2

Yes ☒ No ☐ SOLU MEDROL (METHYLPREDNISOLONE) IVP Q8H
 15 MG (0.375 ML)

Change:

Orapred 12 mg PO Q12

Yes ☐ No ☐ XOPENEX 1.25 (LEVALBUTEROL) INH .Q2H
 0.63 MG

(USE VIA INHALATION NEBULIZATION ONLY!)

Change:

Q3

Yes ☒ No ☐ ZITHROMAX (AZITHROMYCIN) PO Q24H
 65 MG (3.25 ML) GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS.
 (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)

Change:

Continue on transfer
 Please circle

Yes ☒ No ☐ MAGNESIUM SULFATE 50% 500 MG/ML 10ML VIAL (650 MG) RATE: 105.2 MLS/HR FREQ: Q6H
 (MAGNESIUM SULFATE 50%)
 IN: D5W 25 ML BAG (25 ML)
 (D5W)

Change:

Yes ☒ No ☐ CEFTRIAXONE 1 GM VIAL (0.6 GM) RATE: 50 MLS/HR FREQ: Q24H
 (ROCEPHIN)
 IN: D5W 50 ML BAG (50 ML)
 (D5W)

Change:

Continue on transfer
 Please circle

Yes ☒ No ☐ TYLENOL (ACETAMINOPHEN) PO PRN .Q4H
 180MG (5.62ML) PRN TEMP \geq 101 DEGREES F.
 (DO NOT EXCEED 4,000 MG/24HRS!)

Change:

Yes ☒ No ☐ TYLENOL (ACETAMINOPHEN) R PRN .Q4H
 180MG PRN TEMP \geq 101 DEGREES F.

Change:

Yes ☒ No ☐ ZOFRAN (EQUIV) (ONDANSETRON) 2 MG IV PRN .Q4H
 PRN NAUSEA, VOMITING



Name: HENDERSON L
 Acct#: K32120206
 Room/Bed: K. PICHU-1
 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

FAXED

O. Cantor MD 3/11/16 1040

RUN DATE: 03/11/16
RUN TIME: 0926
RUN USER: EVEREC.NS

Willis Knighton South *ADMISSIONS*
Transfer Orders/Transfer Medication Reconciliation

PAGE 3

Change: _____

ADDITIONAL MEDICATIONS (NEW MEDICATIONS)

FAXED

Physician Signature: [Signature]
Signature certifies the above transfer orders and transfer medications

Date: 3/11/16 Time: 10 AM

Clarifications, if necessary

Physician Signature: _____
(Signature only needed if clarifications are noted)

Date: _____ Time: _____



Name: HENDERSON [REDACTED] L
Acct#: K32120206
Room/Bed: K. PICU1-1
DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27



WILLIS-KNIGHTON HEALTH SYSTEM

Date Ordered	Time Ordered	Orders
3/10/16	1815	Reg diet if no significant resp. distress TOU Dr Tran / A. Freeman, RN S. Freeman, RN
3/10/16		A. Freeman, RN 1815 S. Freeman, RN S. Freeman, RN 3/11/16 10am
3/10/16	1920	24°C Chart Muffy RN
3/10/16	2035	Zofran 2mg IV Q4 PRN Nausea/Vom. t.m. Tylenol 180mg PO/PR Q4 PRN T ≥ 101 TOU Read back Dr Tran / Muffy RN S. Freeman, RN 3/11/16 10am Noted Muffy RN 3/10/16 2035 10am
		FAXED
3/11/16	0920	DIC Salivastat, DIC IV fluids DIC Ropivacaine Oxygen 12 lpm qd to 12 hr TOU Dr Tran / C. Chast RN S. Freeman, RN 3/11/16 10am
		FAXED

Prohibited Abbreviation:

IU
MgSO4
MS
MSO4
QD or qd

Please Use:

International unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

Committee Approved Blank Order Form - Must be Hand Written



PO0005



HENDERSON L
10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16

Printed: 03/10/2016



WILLIS-KNIGHTON HEALTH SYSTEM

Date Ordered	Time Ordered	Orders
3/10/16	1250	Albuterol 2.5mg Q20 1st Dose now Atrivent 1 unit Dose HBN Q60 Solumedrol 15mg IV Q120 Zithromax 130mg IV X 1 Dose Now, then, 65mg PO Q240 X 4 days Keep O2 sat > 90% Dr. De Tran / Valerie Vann RN
3/10/16	2pm	Noted Valerie Vann RN CAC monitor Magnesium sulfate 650 mg IV over 15min STAT Solumedrol 15mg IV q6 Home Resp pump Albuterol 5mg neb continue as / home x /
3/10/16	1800	1.25mg Xopenex Q2H Dr. De Tran / BTJ
3/10/16	1800	Dr. De Tran / BTJ

Prohibited Abbreviation:

IU
MgSO4
MS
MSO4
QD or qd

Please Use:

International unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

Committee Approved Blank Order Form - Must be Hand Written



P00005



10/01/13 2Y 05M
Tran, Sharon N M.D. K.B5509
K32120206 03/10/16

Printed: 03/10/2016

RUN DATE: 03/10/16 RUN TIME: 1550 RUN USER: FRAZIR.NS	Willis Knighton South *ADMISSIONS* Transfer Orders/Transfer Medication Reconciliation	PAGE 1
Transfer To: <input type="checkbox"/> Medicine <input type="checkbox"/> Telemetry <input type="checkbox"/> Stepdown <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Postpartum		
Diet: _____		
Vital Signs: <u>PICU protocol</u>		
Xrays (reason for exam): <u>✓ CXR in am upon arrival to PICU ICU</u>		
Labs: <u>BMP, Mg, Phos in am ICU</u>		
Activity: <input type="checkbox"/> Ad lib <input type="checkbox"/> Bedrest with Bathroom Privileges <input type="checkbox"/> Up with Assist <input type="checkbox"/> Strict Bedrest		
IV Therapy:		
<input type="checkbox"/> Discontinue Central Line Device and Obtain PIV access prior to transfer <input type="checkbox"/> Maintain Central Line Access		
Continue:		
<input type="checkbox"/> SCD's <input type="checkbox"/> Urinary Catheter or <input type="checkbox"/> Follow Houdini Protocol for catheter removal <input type="checkbox"/> TEDS <input type="checkbox"/> Foot pump		
Additional Orders:		
TRANSFER MEDICATION RECONCILIATION		
Continue on transfer: _____ HOSPITAL MEDICATION: _____ Please circle		
Yes No	ATROVENT 0.02% (IPRATROPIUM BROMIDE 0.02%) 2.5 ML UNIT DOSE	INH .Q6H (USE VIA INHALATION NEBULIZATION ONLY!)
Change:		
Yes No	KCL / D5W-0.45%NS (KCL / D5W-0.45%NS) 45 ML/HR	IV .CONTINUOUS INFUSION
Change:		
Name: _____ L Acct#: K32120206 Room/Bed: K.E5502-1 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27		

FAXED

3/10/16 Steedman, RMC 1800
Steedman, RMC

RUN DATE: 03/10/16
RUN TIME: 1550
RUN USER: FRAZIR.NS

Willis Knighton South *ADMISSIONS*
Transfer Orders/Transfer Medication Reconciliation

PAGE 2

Yes ☒ No ☐ PROVENTIL U/D (ALBUTEROL SOLUTION 0.083%) INH Q2H
AS DIRECTED
(USE VIA INHALATION NEBULIZATION ONLY!)

Change: *✓ Xopenex 0.63 mg nebul Q2H*

Yes ☒ No ☐ SOLU MEDROL (METHYLPREDNISOLONE) IVP Q8H
15 MG (0.375 ML)

Change:

Yes ☒ No ☐ ZITHROMAX (AZITHROMYCIN) PO Q24H
65 MG (3.25 ML) GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS.
(SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)

Change:

Continue on transfer: ****** IV MEDICATION ******
Please circle

Yes ☒ No ☐ MAGNESIUM SULFATE 50% 500 MG/ML 10ML VIAL (650 MG) RATE: 105.2 ML/HR FREQ: .NOW STAT
(MAGNESIUM SULFATE 50%)
IN: DSW 25 ML BAG (25 ML)
(DSW)

Change: *Q6 x 3 doses give over 15 min*

PR JUST RECEIVED dose, next dose 6hrs from last dose

Yes ☒ No ☐ CEFTRIAXONE 500 MG VIAL (500 MG) RATE: 50 ML/HR FREQ: Q24H
(ROCEPHIN)
IN: DSW (BAX) 50 ML MINIBAG (50 ML)
(DSW (BAX))

Change: *600 mg IV Q day 2nd*

ADDITIONAL MEDICATIONS (NEW MEDICATIONS)

*Place on Vapotherm 10 Lpm titrate to mean accordingly
maintain O2 sat ≥ 90% while awake, ≥ 88% while sleeping*



Name: ******* L
Acct#: K32120206
Room/Bed: K.E5502-1
DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

*3/10/16 Freeman, RN 1800
S Freeman, RN*

FAXED

RUN DATE: 03/10/16 RUN TIME: 1550 RUN USER: FRAZIR.NS	Willis Knighton South *ADMISSIONS* Transfer Orders/Transfer Medication Reconciliation	PAGE 3
Physician Signature: <u>[Signature]</u> Date: <u>3/10/16</u> Time: <u>4pm</u>		
Signature certifies the above transfer orders and transfer medications		
Clarifications, if necessary		
<u>3/10/16 Freeman, RM</u>		
<u>S. Freeman, RM 1800</u>		
Physician Signature: _____ Date: _____ Time: _____		
(Signature only needed if clarifications are noted)		



Name: [REDACTED] L
Acct#: K32120206
Room/Bed: K.E5502-1
DOB: 10/01/13 Age: 2Y.05M Sex: F Weight: 27

WV

WILLIAM KNIGHTON HEALTH SYSTEM

Admit DR Tran

Pediatrics Asthma Hospital Order

Patient Information

Patient Name A. Henderson

Date of birth _____

Level of Service/Diagnosis

- ☒ Inpatient admission - dx (1) Asthma Exacerbation (2) URT
☐ Observation

Allergies

- ☒ No known allergies
☐ Known allergies (including food) _____

Activity

- ☒ Ambulate
☐ Other _____

Diet

- ☐ Diet, breast milk q 2-4 hr on demand *
☐ Diet, infant/pediatric formula _____ q 3-4 hr
☐ Diet, regular
☐ NPO
☒ Other Regular ✓

Nursing

- ☐ Elevate HOB
☒ Measure intake and output q 12 hr (floor routine)
☐ Measure weight daily in Kg
☒ Pain Management Protocol, Infant
☐ Peripheral IV
☒ VS upon arrival, then q 4 hr (floor routine)
☐ Notify provider for _____
☐ Notify provider for _____
☐ Notify provider for _____
☐ Other _____

Patient/Caregiver Education

- ☐ Education, nebulizer
☐ Education, upper airway suctioning
☐ Other _____

Respiratory

Asthma and Recurrent Wheezing Protocol

- ☐ albuterol (PROVENTIL)
☐ levalbuterol (XOPENEX) 0.31 milligram by nebulizer
☒ levalbuterol (XOPENEX) 0.63 milligram by nebulizer
☐ levalbuterol (XOPENEX) 1.25 milligram by nebulizer
☐ Other _____

Handwritten: 3/10/15 1415

FAXED

Handwritten: Noted Valerie Vann RN 3/10/15 1415

502



WILLS-KNIGHTON HEALTH SYSTEM

Pediatrics Asthma Hospital Order cont.

Patient Information

Patient Name _____

Date of birth _____

IV Fluids

D5 1/2 NS @ 45 cc/hr @ 20 mg KCl/liter

Fever Protocol

Antipyretics

For any temperature greater than or equal to 101° Fahrenheit, start with:

Acetaminophen (Tylenol Elixir) (160 milligrams per teaspoon)

12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 4 hours PRN

18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 4 hours PRN

24-35 lbs or 11 - 15.9 kilograms, give 1 teaspoon PO every 4 hours PRN

36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 4 hours PRN

Greater than or equal to 48 lbs or 22 kilograms, give 2 teaspoon PO every 4 hours PRN

If unable to tolerate PO medication, give same dose as a suppository, rectally

For any temperature greater than 102.5° Fahrenheit NOT RELIEVED BY TYLENOL, start Ibuprofen

Do NOT give to infants under 6 months of age unless specifically ordered by MD

Ibuprofen (Motrin Elixir) (100 milligrams per teaspoon)

12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 6 hours PRN

18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 6 hours PRN

24-35 lbs or 11 - 15.9 kilograms, give 1 teaspoon PO every 6 hours PRN

36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 6 hours PRN

48-59 lbs or 22 - 26.9 kilograms, give 2 teaspoon PO every 6 hours PRN

60-71 lbs or 27 - 31.9 kilograms, give 2 1/2 teaspoon PO every 6 hours PRN

Greater than or equal to 72 lbs or 32 kilograms, give 3 teaspoon PO every 6 hours PRN

If temperature remains greater than 102.5° Fahrenheit, alternate Tylenol with Motrin, giving Motrin 2 hours after the Tylenol.

Pharmacy may substitute oral tablets if requested by patient.

Medications

Corticosteroids: Inhaler

☐ budesonide (PULMICORT) 0.25 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to 4 years

☐ budesonide (PULMICORT) 0.5 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to 11 years

☐ budesonide (PULMICORT) 1 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age greater than 11 years

☐ Other _____

Corticosteroids: Systemic

☐ prednisolone 0.5 mg/Kg PO b.i.d age less than or equal to 12 years; maximum 60 mg/day

☐ prednisone 40 mg PO daily age greater than 12 years

☒ methylPREDNISolone (SOLU-MEDROL) 12 mg IV q 12 hr

☐ Other _____

Cough Preparations

☐ ROBITUSSIN pediatric cough syrup LA _____ ml PO q 6 hr prn for cough

☐ ROBITUSSIN pediatric cough and cold syrup LA _____ ml PO q 6 hr prn for cough

☐ Other _____

Noted Valerianna 3/10/16 1415



10/01/13 2Y 05M L
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16



10/01/13 2Y F

K32120206

00000000116206



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatrics Asthma Hospital Order cont.

Patient Information

Patient Name _____

Date of birth _____

Medications cont

Leukotriene Receptor Antagonists

- ☐ montelukast (SINGULAIR) 4 mg PO daily, in the evening age 6 months to 5 years
☐ montelukast (SINGULAIR) 5 mg PO daily, in the evening age 6 to 14 years
☐ montelukast (SINGULAIR) 10 mg PO daily, in the evening age greater than or equal to 15 years
☐ Other _____

Other Medications

① Rocephin 500mg IV q 24h ✓ 1/15/16, 3/15/16, 5/15/16
at ER

Laboratory

Chemistry

- ☐ Blood gas, capillary now
☐ Blood gas, venous now
☐ Blood urea nitrogen now
☐ Creatinine, serum now
☐ Glucose now

Hematology

- Bilirubin, total ☐ now ☐ in am
CBC w automated WBC differential ☐ now ☐ in am
☐ C-reactive protein now
☐ Other _____

Microbiology

- ☐ Culture, blood now
☐ Culture, stool now
☐ Culture, urine now
☐ Influenza virus A and B, EIA now, by nasal swab
☐ RSV antigen now
☐ Rotavirus antigen now
☐ Other _____

Panels

- Basic metabolic panel ☐ now ☐ in am
Comprehensive metabolic panel ☐ now ☐ in am
Renal function panel ☐ now ☐ in am
☐ Other _____

Urine Studies

- Urinalysis screen w reflex microscopic now
☐ catheterized
☐ clean catch midstream
☐ pediatric urine collector
☐ Other _____

Noted Valerie Cann RN 3/10/16 1405

PO3912-3
Revised 02/02/2015
Page 3 of 4

HENDERSON, [REDACTED] L
10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5509
K32120206 03/10/16



10/01/13 2Y F

K32120206

000000001116206



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatrics Asthma Hospital Order cont.**Patient Information**

Patient Name _____

Date of birth _____

Radiology**X-ray**☐ XR, chest 1 view now-reason for exam _____☐ XR, chest 2 view now-reason for exam _____☐ XR, kidney-ureter-bladder now-reason for exam _____☐ Other _____**Diagnostic Tests****Pulmonology**☐ Pulmonary Function Test, now**Consults**☐ Care management consult☐ Consult to _____☐ Consult to _____**Other**

Physician signature _____

Date/Time 3/10/16

Printed Name or Dictation # _____

1030

Noted Valerie Vann MD 3/10/15 1415

FAXED



PO0005

HENDERSON, AALIYAH L
 10/01/13 2Y 05M
 Tran, Sharon N M.D. K.E5509
 K32120206

NOT TO BE USED FOR OTHER THAN IDENTIFICATION



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist Progress Note

Date: 3/11/16 Time: _____ Name: _____

Interval History: Resting in ☐ bed ☐ chair ☐ crib ☒ No new problems/complaints
☐ Other Dry hater for heard off Vaginitis Mervin. Labored breathing
Resolved. Improved Max 101.4

Meds: ☒ Reviewed Remarks _____

☒ Discussed Assessment/Plan with ☐ patient ☒ family at ☐ bedside ☐ per phone

ROS: ☐ 10 systems reviewed otherwise Negative Positive: _____

Interval Physical Exam:

Vitals: temp 99.8 HR 146 RR 34 O2 sat 95 RA

General: ☒ Well-hydrated ☐ WN ☒ NAD ☒ Nontoxic ☐ Remarks _____

HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☒ Conjunctiva clear

☐ No rhinorrhea/congestion ☐ Nasal flaring ☒ Tympanic membranes normal bil ☒ Oral mucosa moist ☒ Pharynx normal

☐ Remarks Clear pharynx

Neck: ☒ Normal ☐ Supple ☒ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____

Heart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☐ Normal ☐ CTA bil ☒ Unlabored Air movement: ☒ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☒ Rhonchi

☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks _____

Abdomen: ☒ Normal ☐ Soft ☒ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly

☐ Masses ☐ Remarks _____

Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses

☐ Remarks _____

Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☐ Normal ☒ Warm/dry ☐ Rash ☐ Remarks _____

Neuro: ☒ Normal/nonfocal ☐ Warm/dry ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact

☐ Remarks _____

Lab: ☐ Reviewed ☐ Abnormals

Ca _____ Segs _____

Alb _____ Ast/Alt _____ Bands _____

Alk/Phos _____ T/Dbili _____ Lymphs _____

Other: Oxyc: L penicillin initiate

Impression: 2 y/o female i status
asthmatic, s/p Resp Failure,
pneumonia.

Improving clinically. Dry
much better today

Physician Signature _____

3/11/16
Date/Time

☒ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)

Plan: ☒ See orders ☒ Continue medical management
☐ Recommendations per consultant/s: _____

☐ Follow labs ☒ O2, Respiratory Therapy

☒ Continue antibiotics, Day # 2 Continued

☒ Continue therapy/Rehab ☒ Nutrition support

Advance Alb to Q3, Ativan

Δ steroids to PO, mean.

May be Δ to Plan Status.

PN650_1

Devised 05/01/2015

Committee Approved 05/11/2015

Page 1 of 1



PN0005



HENDERSON, AALIYAH L

10/01/13 2Y 05M

Tran, Sharon N M.D. K.PICU1

K32120206

03/10/16

WILLIS KNIGHT HEALTH SYSTEM
RESPIRATORY THERAPY DEPARTMENT
PROGRESS REPORT

DATE 3/11/16 TIME 2347 THERAPY HHN
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS 1.25mg XOPENEX HR PRE/POST 121 / 126 RR PRE/POST 24 / 24
BREATH SOUNDS PRE/POST Slightly Coarse / Same SpO₂ 97 / 99
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST C. Patrick RRT

DATE 3/12/16 TIME 0360 THERAPY HHN
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS 1.25mg XOPENEX HR PRE/POST 135 / 128 RR PRE/POST 22 / 24
BREATH SOUNDS PRE/POST Slightly Coarse / Same SpO₂ 95 / 98
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST C. Patrick RRT

DATE _____ TIME _____ THERAPY _____
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS _____ HR PRE/POST _____ / _____ RR PRE/POST _____ / _____
BREATH SOUNDS PRE/POST _____
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST _____

DATE _____ TIME _____ THERAPY _____
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS _____ HR PRE/POST _____ / _____ RR PRE/POST _____ / _____
BREATH SOUNDS PRE/POST _____
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST _____

DATE _____ TIME _____ THERAPY _____
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS _____ HR PRE/POST _____ / _____ RR PRE/POST _____ / _____
BREATH SOUNDS PRE/POST _____
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST _____

DATE _____ TIME _____ THERAPY _____
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS _____ HR PRE/POST _____ / _____ RR PRE/POST _____ / _____
BREATH SOUNDS PRE/POST _____
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST _____

DATE _____ TIME _____ THERAPY _____
HHN CHANGED _____ OBJ STICKER _____ REORDER STICKER _____
MEDS _____ HR PRE/POST _____ / _____ RR PRE/POST _____ / _____
BREATH SOUNDS PRE/POST _____
SPUTUM AMT _____ COLOR _____ EFFECTIVENESS _____
THERAPIST _____

Room A1K



10/01/13 2Y 05M
Tran, Sharon N M.D. K.E5514
K32120206 03/10/16

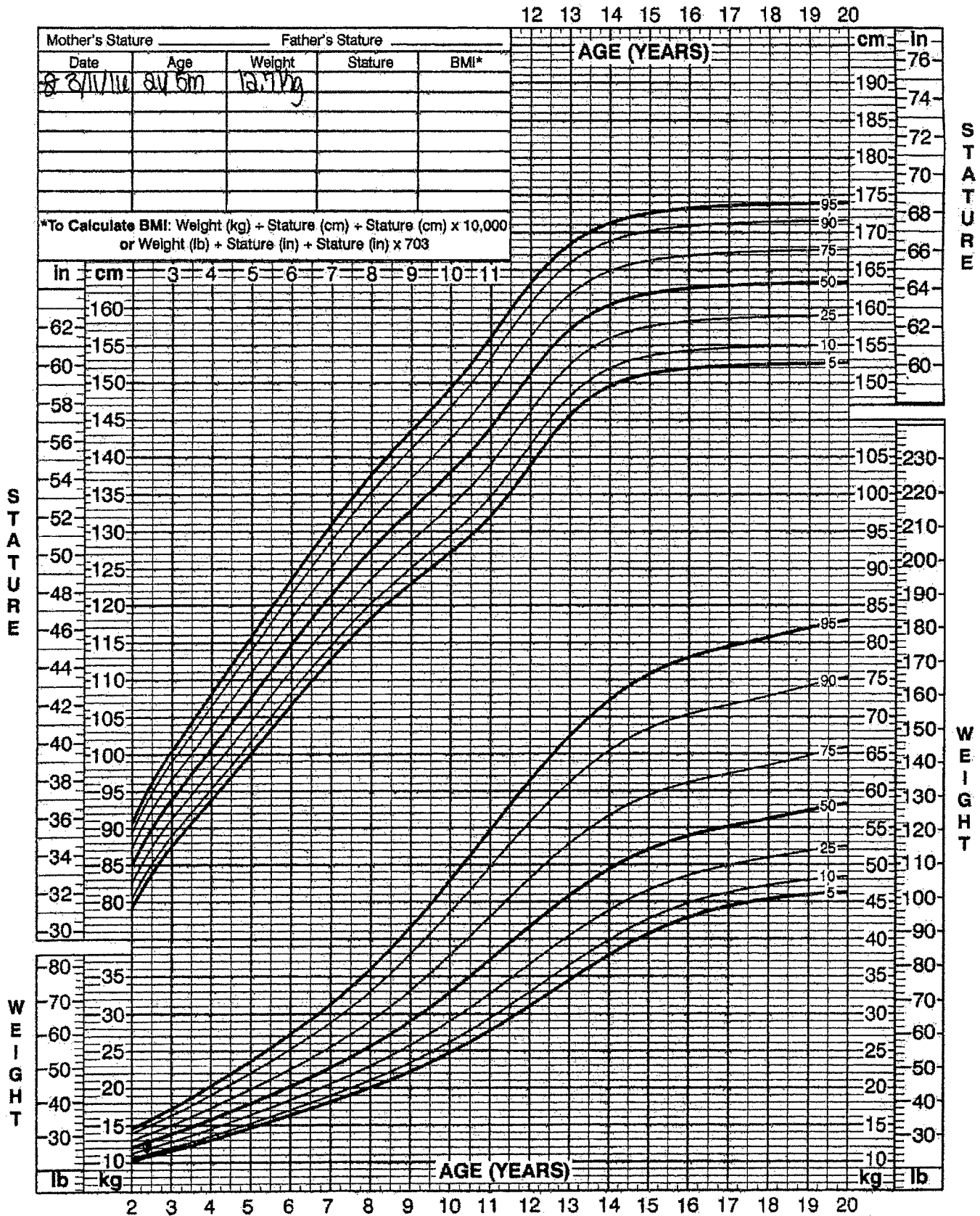
514

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

NAME

Henderson, Aaliyah

RECORD #



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



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MANUAL RECORDING

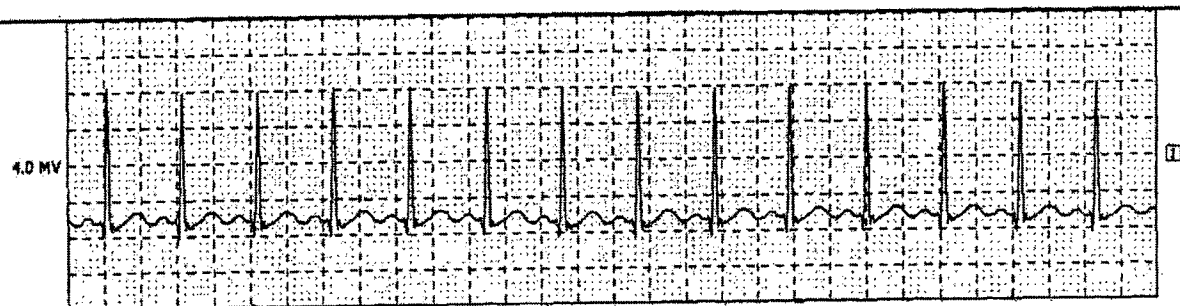
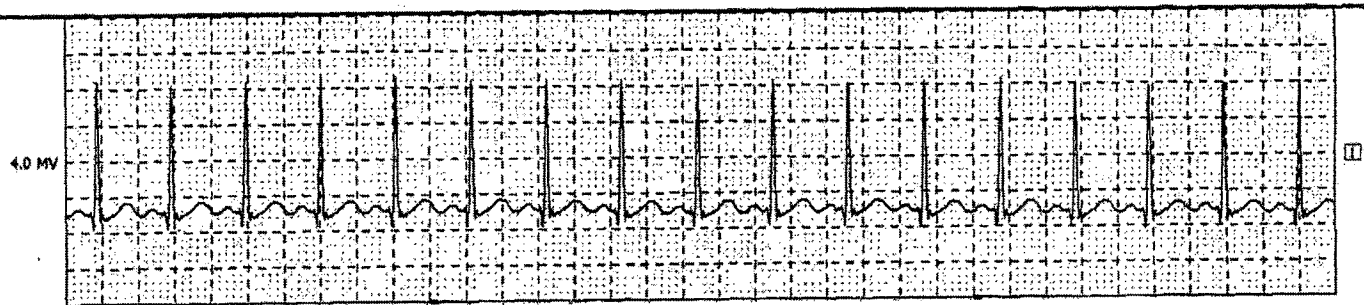
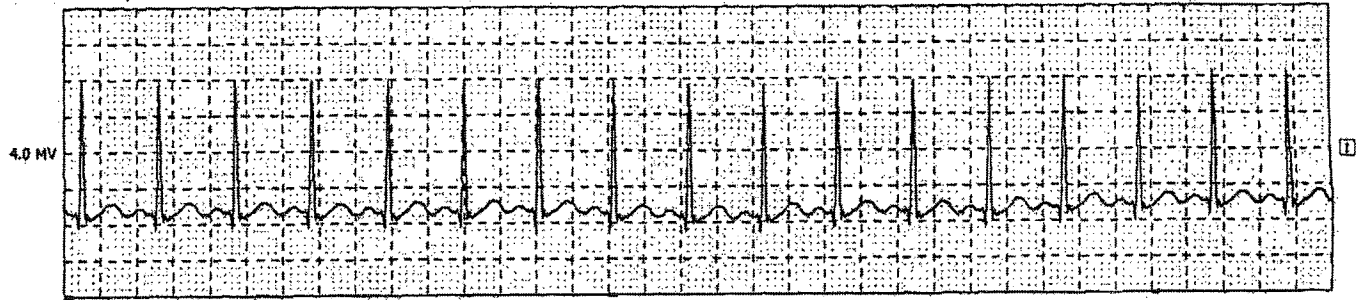
II MON H 6 VE/MIN=0

RESP=35 SPO2=96% NIBP=04:00 NO READING mmHg

PICU1

07:35 11MAR2016

SPEED=25.00 MM/S



HENDERSON L
10/01/13 2Y 05M
Tran, Sharon N M.D. K.PICU1
K32120206 03/10/16

MANUAL RECORDING

Page 1 of 1

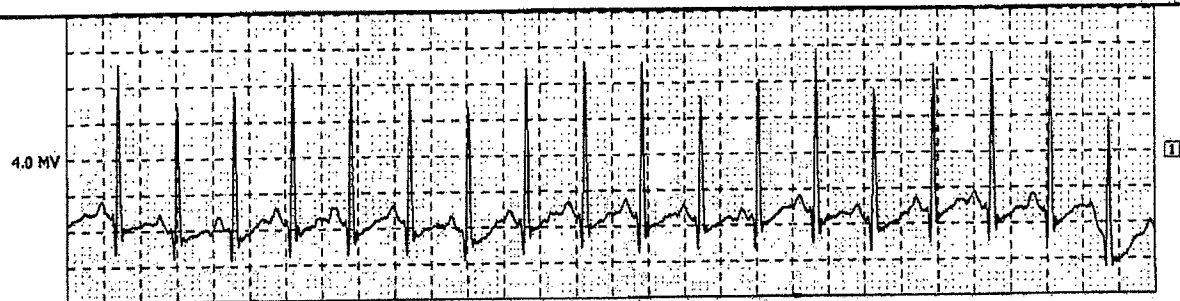
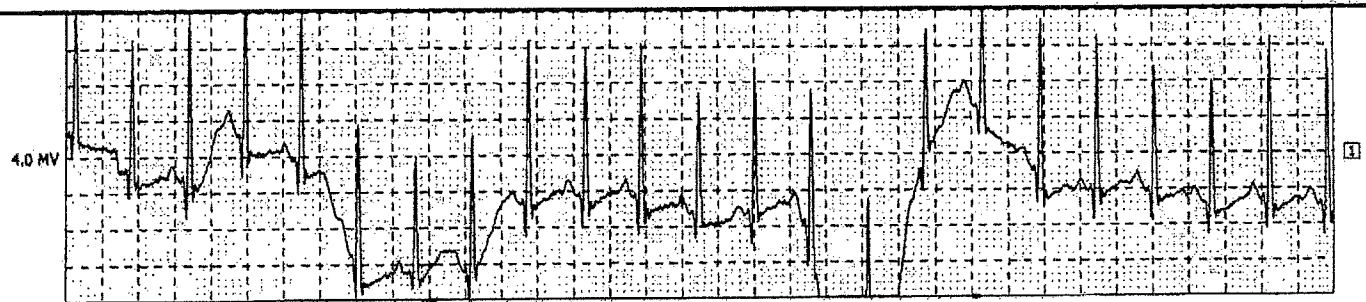
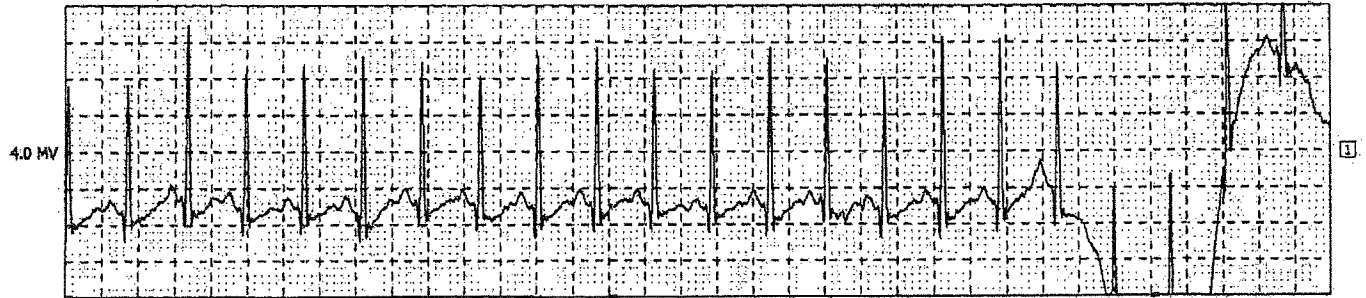
Page 1

PIC01

18:11 10MAR2016

SPEED=25.00 MM/S

II MON H 2 VE/MIN=0 *ALARM H LIMIT=150
RESP=37 SPO2=100% NIBP=18:06 123/92(98) mmHg



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

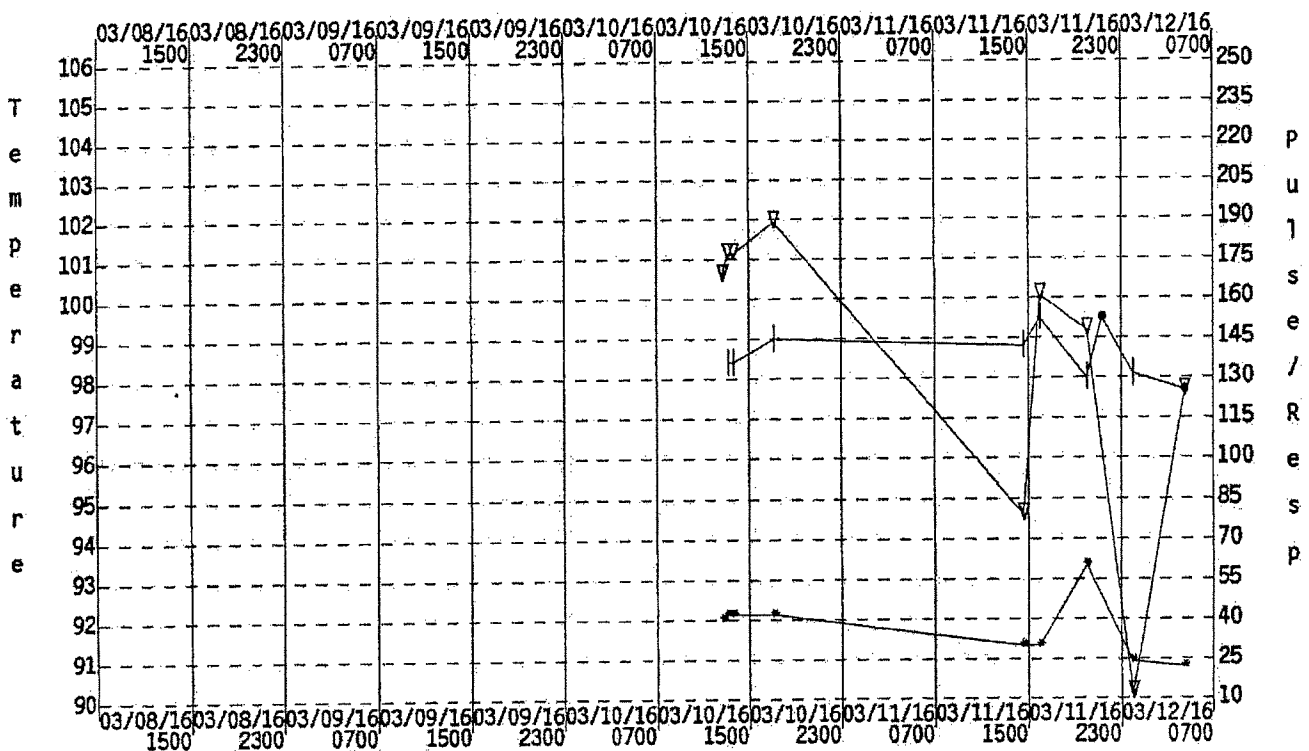
HENDERSON, AALIYAH L (K000629604)
 Age/Sex: 2Y 05M F
 Room: 1 SES R E5514 1 (Admitted 03/10/16)

96 hours
 from Mar 8, 2016 0701 to Mar 12, 2016 0700
 Printed 03/12/16 at 0506 by WATSON, NS

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
03/10/16 1115			169	40				27	15.979312	
03/10/16 1245			177	42	Machine	98.4	Axillary			96
03/10/16 1309			177	42	Machine	98.4	Axillary			
03/10/16 1338		Lying	189	42	Machine	99	Axillary			100
03/11/16 1710	112/64	Lying	79	30	Machine	98.8	Axillary			98
03/11/16 1435			161	30	Machine	99.5	Axillary			98
03/11/16 1600			148	60	Machine	98.0	Axillary			96
03/11/16 2000						99.5	Rectal			
03/11/16 2120			12	24	Machine	98.1	Axillary			97
03/12/16 0000										
03/12/16 0430			125	22	Machine	97.7	Temporal			95

Period: 12.00	03/10/16	03/11/16		03/11/16	03/12/16	
Hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL/NOT N2O				476	480	956
IV:	90		90			
IVPB:	75		75			
Total Intake	165		165	476	480	956
Output (ml)						
Void X AM:	1			2	3	
Stool X:	1			1		
Fluid Balance	165		165	476	480	956

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / * Resp. Rate: ▽ Heart Rate:
 † Off graph



RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L ACCT #: K32120206 LOC: 5ES U #: K000629604
AGE/SX: 2Y 05M/F ROOM: K.E5514 REG: 03/10/16
REG DR: Tran, Sharon N M.D. STATUS: DIS IN BED: 1 DIS: 03/12/16

CHEMISTRY
GENERAL CHEMISTRY

Day	2	1		
Date	MAR 11	MAR 10		
Time	0520	0910	Reference	Units
=> Glucose	(a)	(c) H	(70-109)	mg/dL
=> Potassium	5.3 H	4.4	(3.5-5.1)	mmol/L
=> Sodium	140	143	(136-145)	mmol/L
=> Chloride	108 H	112 H	(98-107)	mmol/L
=> CO2	22	22	(21-32)	mmol/L
=> BUN	7	6 L	(7-18)	mg/dL
=> Creatinine	0.31	0.38		mg/dL
=> Calcium	9.1	9.2	(8.5-10.1)	mg/dL
=> Phosphorus	4.5		(4.3-5.4)	mg/dL
=> Magnesium	2.8 H		(1.8-2.4)	mg/dL
=> Anion Gap	10.0	9.0	(5.0-15.0)	mmol/L

NOTES: (a) 105
See also (b)
(b) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL

Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes:

Abnormal Fasting Glucose: ≥ 126 mg/dL

Symptoms of diabetes and a random glucose: ≥ 200 mg/dL

(c) 114 H
See also (b)

Patient: [REDACTED] L Age/Sex: 2Y 05M/F Acct#K32120206 Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 2

LOCATION

Patient: [REDACTED] L

#K32120206

(Continued)

HEMATOLOGY

Day	1	Reference	Units
Date	MAR 10		
Time	0910		
=> White Blood Cel	17.1 H	(5.0-12.0)	10 ⁹ /L
=> Red Blood Cell	5.02	(4.1-5.1)	10 ⁶ /uL
=> Hemoglobin	10.5 L	(11.0-14.0)	g/dL
=> Hematocrit	34.6	(33.0-42.0)	%
=> MCV	68.9 L	(74.0-89.0)	fL
=> MCH	20.8 L	(27.1-34.2)	pg
=> MCHC	30.2 L	(33.0-35.6)	g/dL
=> RDW	19.4 H	(12.0-14.5)	%
=> Platelet Count	286	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.2	(6.6-10.2)	fL
=> Neutrophils	84.3	(Not Estab.)	%
=> Lymphocytes	6.6	(Not Estab.)	%
=> Monocytes	7.1	(3-10)	%
=> Eosinophils	1.7	(0.0-8.0)	%
=> Basophils	0.3	(0.0-3.0)	%
=> Neutrophils #	14.4	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	1.1	(Not Estab.)	10 ⁹ /L
=> Monocytes #	1.2	(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.3	(Not Estab.)	10 ³ /uL
=> Basophils #	0.1	(Not Estab.)	10 ³ /uL

Viral Respiratory Panel

Day	1	Reference	Units
Date	MAR 10		
Time	1427		
=> Adenovirus PCR	(d)		
=> Coronaviru 229E	(e)		
=> Coronaviru HKU1	(f)		
=> Coronaviru NL63	(g)		
=> Coronaviru OC43	(h)		
=> Human Metapneum	(i)		

NOTES: (d) Not Detected
(e) Not Detected
(f) Not Detected
(g) Not Detected
(h) Not Detected
(i) Not Detected

Patient: [REDACTED] L

Age/Sex: 2Y 05M/F Acct#K32120206

Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 3

LOCATION

Patient: [REDACTED] L #K32120206 (Continued)

Viral Respiratory Panel Continued

Day	1		
Date	MAR 10		
Time	1427	Reference	Units
=> Human Rhino/Ent	(j)		
=> Influenza A PCR	(l)		
=> Influenza B PCR	(m)		
=> Parainfluenza 1	(n)		
=> Parainfluenza 2	(o)		
=> Parainfluenza 3	(p)		
=> Parainfluenza 4	(q)		
=> RSV	(r)		
=> Bordetella pert	(s)		
=> Chlamyd pneumon	(t)		
=> Mycoplas pneumo	(u)	(Not Detect)	

NOTES: (j) Detected
 See also (k)
 (k)
 A positive Human Rhinovirus/Enterovirus result should be followed up using an alternate method to differentiate these two viruses if clinically necessary.
 (l) Not Detected
 (m) Not Detected
 (n) Not Detected
 (o) Not Detected
 (p) Not Detected
 (q) Not Detected
 (r) Not Detected
 (s) Not Detected
 (t) Not Detected
 (u) Not Detected
 See also (v)
 (v) Note: Methodology: FDA approved multiplex nested real time PCR

Performed by: University Health Shreveport Virology Lab
 1541 Kings Hwy.
 Shreveport, LA 71103-3932

Patient: [REDACTED] L Age/Sex: 2Y 05M/F Acct#K32120206 Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 4

LOCATION

Patient: [REDACTED] L #K32120206 (Continued)

PCR TESTS

Day	1		
Date	MAR 10		
Time	0950	Reference	Units
=> Flu A by PCR	(w)	(Negative)	
=> Flu B by PCR	(x)	(Negative)	
=> Flu Comments	(y)		
=> RSV by PCR	(aa)	(Negative)	
=> FLU RSV comment	(ac)		

Test	Day	Date	Time	Result	Reference	Units
=> Precautions:	1	MAR 10	0920	(ae) H		
=> M pneumo IgM	1	MAR 10	0920	POSITIVE H	(Negative)	

NOTES: (w) Negative
(x) Negative
(y) Comments
See also (z)
(z) NEGATIVE influenza test results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
(aa) Negative
See also (ab)
(ab) NEGATIVE test results do not preclude RSV infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
(ac) See Below
See also (ad)
(ad) New method in use 11/16/15.

The results of this assay should be interpreted in conjunction with other laboratory and clinical data.
(ae) DROPLET H
See also (af)
(af) **** Droplet Precautions Indicated ****

Patient: [REDACTED] L Age/Sex: 2Y 05M/F Acct#K32120206 Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 5

LOCATION

Patient: [REDACTED] L

#K32120206

(Continued)

Source: Blood

> Culture, Blood

Final 03/20/16

NO GROWTH AT 5 DAYS

Patient: [REDACTED] L

Age/Sex: 2Y 05M/F Acct#K32120206

Unit#K000629604

Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K32120206
 Admitted: 03/10/16 at 1132 Location: SES
 Status: D1S IN Room/Bed: K.E5514-1

HENDERSON, AALIYAH L

Willis-Knighton South Nursing **LIVE**
 Patient's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

STS	INIT BY	TRGT	COMP BY	INTERVENTIONS	INIT BY	COMP BY
Basic Pediatric Nursing Care	D 03/10/16 ERF					
* Basic nursing care will be provided.	D 03/10/16 ERF	03/13/16		* Reassessment/Evaluation - Pediatrics Direction ->07,19 Document when done * Intake - PROTOCOL: I&O * Output - PROTOCOL: I&O * Vital Signs Vital Signs taken by a NAI are reviewed by an RN. - PROTOCOL: VITALSINGS * Feed With Assistance - PROTOCOL: FEEDINGAL * Formula Prep * Feed Formula Per Family Or Staff * Bath, Total Bed - Toddler - PROTOCOL: BATHROOMP * Linen Changed * Emotional Support/Teaching * Clergy Visits * Physician Rounds * Discharge Assessment/Planning * Weight, Daily, PEDI Or NSY * Pain, Infant Scale Also perform PRN for painful procedures * Critical Value Reporting	03/10/16 ERF	
INJURY, POTENTIAL FOR	D 03/10/16 ERF					
* No evidence of injury to patient.	D 03/10/16 ERF	03/13/16		* Safety Checks	03/10/16 ERF	
KNOWLEDGE DEFICIT	D 03/10/16 ERF					
* Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.	D 03/10/16 ERF	03/13/16		* Patient Education	03/10/16 ERF	
RI- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR POTENTIAL TO DEVELOP	C 03/10/16 PAD	03/11/16 KER				
* RT: Improve oxygenation, correct hypoxemia, prevent hypoxia.	C 03/10/16 PAD	03/20/16 03/11/16 KER		* RT - Oxygen Therapy	03/10/16 PAD	03/11/16 KER
RT- WHEEZING AND/OR ALTERED RESPIRATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP	D 03/10/16 PAD					
* RT: Correct or prevent bronchospasm, improve breath sounds.	D 03/10/16 PAD	03/20/16		* RT - Aerosol Therapy * RT - Aerosol Therapy - Continuous * RT - Asthma Severity	03/10/16 PAD	03/11/16 KER 03/10/16 PAD 03/10/16 PAD

ADDITIONAL INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS SRC
* IV Site #1 Check/Care	03/10/16 ERF		03/10/16 1308	Q2H	D CP
* O2 Delivery	03/10/16 ERF		03/10/16 1308	Q2H	D CP
* Telemetry Monitoring	03/10/16 CS		03/10/16 1330	BID8	D PS
* Pediatric Admit Assessment	03/10/16 ERF		03/10/16 1338	ADMIT	D AS
* RT - Initial Assessment	03/10/16 PAD				D PS
* Braden Pediatric Risk Assessment - PROTOCOL: BRADEN	03/10/16 SLF		03/10/16 1855	QSHIFT	D PS
* Fall Risk - Pediatric	03/10/16 SLF		03/10/16 1855	ADMIT	D PS
* PAIN Assessment / Management - PEDI	03/10/16 SLF		03/10/16 1855	PRN	D PS

Use to document the effectiveness

Page 2
Printed
03/01/19
at 1352

Status: Discharged
Initiated: 03/01/16
Completed:
Protocol:

HENDERSON, VAN, L

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D.
Unit #: K000629604 Account #: K02120206
Admitted: 03/01/16 at 1:12 Location: 5HS
Status: DIS IN Room/Bed: K10514-1 Patient's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

ADDITIONAL INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	SFS SRC
of medications given specifically for the control of pain.					
Ask patient to be specific regarding location, severity, and type of pain.					
* Care Mgt Pediatric Initial Reassessment	03/11/16 FTM				D AS
* Discharge Summary 2 Pro	03/12/16 CCP		03/12/16 1544	AT TIME OF DISCHARGE	D AS

Nurse	Nurse Type
CJP COOK, NS	RN
CS SUTCLIFF, NS	RN
ERF FOX, NS	RN
FTM MORRIS, SS	SS
KER ELLIOTT, RT	RT
PAD ANDREWS, RN	RN
SJT FREEMAN, RN	RN

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D. Henderson
 Unit #: K000629604 Account #: K32120206
 Admitted: 03/10/16 at 11:32 Location: SES
 Status: DIS IN Room/Bed: K.25514-1

Page: 1 of 35

Printed: 06/01/19 at 1352

Willis-Knighton South Nursing **LIVE**
 HEMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				S/S Directions				From						
Activity Type	Date	Time	By	Recorded	Time	By	Comment	Units	Change	Time	By	Comment	Units	Change
Activity Date: 03/10/16 Time: 0000														
990004-B	RT - Oxygen Therapy	03/10/16 0000 PAD	03/10/16 1558 PAD	A	DAILY				CP					
990008-A	RT - Aerosol Therapy	03/10/16 0000 PAD	03/10/16 1558 PAD	A	Q2H				CP					
Activity Date: 03/10/16 Time: 1245														
990001-B	RT - Initial Assessment	03/10/16 1245 PAD	03/10/16 1557 PAD	A					PS					
Reason for RT Intervention: Pneumonia														
Allergy1-Med/Contact: NKA														
Allergy2-Med/Contact: NKA														
Does this patient have any food allergies/intolerance: N														
Food Allergies-Intro:														
Does Patient Use Tobacco: N Type of Tobacco Used:														
How Much Tobacco Used:														
If Ex-Smoker # Packs Per Day: When Did Patient Quit:														
Bronchodilators used at home or now ordered: HFN														
Home O2 used or now ordered: Y DEVICE: NC FIO2: LPX: 1.0 SaO2: 99														
Exhibiting Increased Signs of Work of Breathing: Y If yes: Accessory Muscle Usage														
Are the Breath Sounds Equal And Clear: N														
: TIGHT WHEEZES WITH DECREASED AIR ENTRY														
The Skin/Mucous Membranes Are: Pink														
Mental Status: Irritable														
Heart Rate: 169 Resp. Rate: 40														
Discharge Needs: Y Patient Education: Y Pulmonary Rehab: N														
Comments:														
1-D	Patient Education	03/10/16 1245 PAD	03/10/16 1554 PAD	A	AS NEEDED	0.0			CP					
Learner: Mother														
Learner's Preferred Method: One-on-One Teaching														
Language Spoken (002): English														
If Other, Describe:														
*Religious or Cultural practices that may affect learning: N														
If YES, Describe:														
*Physical limitations that may affect learning (Y/N): N														
If YES, describe:														
*Cognitive limitations that may affect learning (Y/N): N														
If YES, Describe:														
*Emotional limitations that may affect learning (Y/N): N														
If YES, Describe:														
If patient has pain, what issues have been discussed with patient regarding this:														
NA														
Pt/Family encouraged to report concerns about Pt. safety issues: Y														
What safety issues have been addressed with the patient: TWO IDENTIFIERS														
Vitals: PRE HR 169														
Meds/Dosage: 0.63mg XOPENEX														
Therapy Frequency 02														
Is This a New Start: Y Protocol Y Therapy Given: Y If no, why:														
Comments: DID BREATHING TX AND PLACED ON NC AT 11PM, SaO2 99%, Pt IRRITABLE, RETRACTING, ACCESSORY MUSCLE USAGE NOTED IN NECK. TACHYPNEIC														
990008-A RT - Aerosol Therapy A Q2H														
- Document 03/10/16 1245 PAD 03/10/16 1609 PAD 2.5														
Is This a New Start: Y Protocol Y Therapy Given: Y If no, why:														
Goal Note: Reordered														
Hours Used Transfer/Discharged/Discontinued														
Is Patient Progressing Toward Goal:														
Has Potential For Hypoxemia Due To: Pneumonia														
Alert Value: Corrected per Protocol Time Reported:														
Oxygen Device FIO2 LPX SaO2: 80														
Evidence Of Learning Demonstrated By: Expresses Understanding														
990004-B RT - Oxygen Therapy A DAILY														
- Document 03/10/16 1245 PAD 03/10/16 1601 PAD														
Is This a New Start: Y Protocol N														
Method Of Instruction: Explain														
If applicable, pt has demonstrated competence to self administer medications: N														
Ved1:														
Ved2:														
Ved3:														
TEACHING SUMMARY														
*Disease (Y/N): N														
Isolation (Y/N): Y MYCOPLASMA														
*Equipment (Y/N): Y HFN, NC														
*Procedure (Y/N): Y EXPLAINED TX PRIOR TO PERFORMING AND NASAL CANNULA EXPLAINED														
*Medication (Y/N): Y EXPLAINED MEDICATIONS AND O2 BENEFITS AND HAZARDS														
*New Medication (Y/N): N														
Education:														
*Follow-up care (Y/N): N														
Rehab/Resources (Y/N): N														
*Nutrition (Y/N): N														
Other Teaching:														

Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.
Unit #: K000629604 Account #: K37120206
Admitted: 03/10/26 at 1132 Location: SES
Status: DIS IN Room/Bed: K.55514-1

Problem/Goal/Intervention Description				Sta Directions				From
Activity Type	Date	Time by	Recorded	Time by	Comment	Units	Documented	Charge
Activity Date: 03/20/16 Time: 1245 (continued)								
990008-A	RT - Aerosol Therapy (continued)							
RR 40								
ESBS TIGHT EXPIRATORY WEZES WITH								
: DECREASED AIR ENTRY								
PF								
Effective cough Y	Sputum Amount: None							
Increase Secretions	Sputum Color:							
	Sputum Consistency:							
Goal Note:								
s Patient Progressing Toward Goal:								
Comments/Plan: PT IS VERY IRRITABLE, TOL TX OK WITH MASK WITH NO ADVERSE REACTIONS								
: NOTED. PT IS RETRACTING, ACCESSORY MUSCLE USAGE IN NECK NOTED.								
990007	RT - Asthma Severity							
Document	03/20/16 1245 PAD 03/10/16 1720 PAD							
SCORE: 8	Frequency: Q2							
PPFR: 50 Predicted:	75% Predicted:							
Comments: PLACED ON O2 AT 1LPM, DR. NOTIFIED AND PROTOCOL DISCONTINUED.								
Activity Date: 03/20/16 Time: 1308								
000008	IV Site #1 Check/Care							
Create	03/20/16 1308 ERF							
02170	O2 Delivery							
Create	03/20/16 1308 ERF							
Problem: Basic Pediatric Nursing Care								
Create	03/20/16 1308 ERF							
Goal: Basic nursing care will be provided.								
Create	03/20/16 1308 ERF							
00006	Discharge Assessment/Planning							
Create	03/20/16 1308 ERF							
00507	Reassessment/Evaluation - Pediatrics							
Create	03/20/16 1308 ERF							
00600	Critical Value Reporting							
Create	03/20/16 1308 ERF							
02000	Emotional Support/Teaching							
Create	03/20/16 1308 ERF							
02011	Pain, Infant Scale							
Create	03/20/16 1308 ERF							
50510-A	Also perform PRN for painful procedures							
Create	03/20/16 1308 ERF							
50512	Bed, Total Bed - Toddler							
Create	03/20/16 1308 ERF							
50512	Lines Changed							
Create	03/20/16 1308 ERF							
00010	Vital Signs							
Create	03/20/16 1308 ERF							
Vital Signs taken by a NAI are reviewed by an RN.								
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							
550090	Feed Formula Per Family Or Staff							
Create	03/20/16 1308 ERF							
800515	Physician Rounds							
Create	03/20/16 1308 ERF							
800516	Clergy Visits							
Create	03/20/16 1308 ERF							
Problem: INJURY, POTENTIAL FOR								
Create	03/20/16 1308 ERF							
Goal: No evidence of injury to patient.								
Create	03/20/16 1308 ERF							
200021	Safety Checks							
Create	03/20/16 1308 ERF							
Problem: KNOWLEDGE DEFICIT								
Create	03/20/16 1308 ERF							
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
Create	03/20/16 1308 ERF							
1-D	Patient Education							
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							
550090	Feed Formula Per Family Or Staff							
Create	03/20/16 1308 ERF							
800515	Physician Rounds							
Create	03/20/16 1308 ERF							
800516	Clergy Visits							
Create	03/20/16 1308 ERF							
Problem: INJURY, POTENTIAL FOR								
Create	03/20/16 1308 ERF							
Goal: No evidence of injury to patient.								
Create	03/20/16 1308 ERF							
200021	Safety Checks							
Create	03/20/16 1308 ERF							
Problem: KNOWLEDGE DEFICIT								
Create	03/20/16 1308 ERF							
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
Create	03/20/16 1308 ERF							
1-D	Patient Education							
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							
550090	Feed Formula Per Family Or Staff							
Create	03/20/16 1308 ERF							
800515	Physician Rounds							
Create	03/20/16 1308 ERF							
800516	Clergy Visits							
Create	03/20/16 1308 ERF							
Problem: INJURY, POTENTIAL FOR								
Create	03/20/16 1308 ERF							
Goal: No evidence of injury to patient.								
Create	03/20/16 1308 ERF							
200021	Safety Checks							
Create	03/20/16 1308 ERF							
Problem: KNOWLEDGE DEFICIT								
Create	03/20/16 1308 ERF							
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
Create	03/20/16 1308 ERF							
1-D	Patient Education							
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							
550090	Feed Formula Per Family Or Staff							
Create	03/20/16 1308 ERF							
800515	Physician Rounds							
Create	03/20/16 1308 ERF							
800516	Clergy Visits							
Create	03/20/16 1308 ERF							
Problem: INJURY, POTENTIAL FOR								
Create	03/20/16 1308 ERF							
Goal: No evidence of injury to patient.								
Create	03/20/16 1308 ERF							
200021	Safety Checks							
Create	03/20/16 1308 ERF							
Problem: KNOWLEDGE DEFICIT								
Create	03/20/16 1308 ERF							
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
Create	03/20/16 1308 ERF							
1-D	Patient Education							
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							
550090	Feed Formula Per Family Or Staff							
Create	03/20/16 1308 ERF							
800515	Physician Rounds							
Create	03/20/16 1308 ERF							
800516	Clergy Visits							
Create	03/20/16 1308 ERF							
Problem: INJURY, POTENTIAL FOR								
Create	03/20/16 1308 ERF							
Goal: No evidence of injury to patient.								
Create	03/20/16 1308 ERF							
200021	Safety Checks							
Create	03/20/16 1308 ERF							
Problem: KNOWLEDGE DEFICIT								
Create	03/20/16 1308 ERF							
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.								
Create	03/20/16 1308 ERF							
1-D	Patient Education							
Create	03/20/16 1308 ERF							
Activity Date: 03/20/16 Time: 1309								
200008	IV Site #1 Check/Care							
Document	03/20/16 1309 ERF							
Peripheral IV Inserted Central Catheter (V/N) : N								
Site Description #1: Normal								
Rate (cc/hr) #1: 45								
Type of IV Solution #1: (free text): D5 1/2 WITH 20 KCL								
Site Changed #1:								
IVPS Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1:								
IV Dressing Changed Time #1:								
Date IV (#1) started: 03/10/16 Time IV (#1) started:								
Activity Date: 03/20/16 Time: 1308								
401335	Weight, Daily, PEDI OR NSV							
Create	03/20/16 1308 ERF							
450010	Intake							
Create	03/20/16 1308 ERF							
450100	Output							
Create	03/20/16 1308 ERF							
550030-B	Feed With Assistance							
Create	03/20/16 1308 ERF							
550040	Formula Prep							
Create	03/20/16 1308 ERF							

Age/Sex: 4Y 04X F Attending: Trar, Sharon N M.D. Henderson, YAH : Page: 3 of 35
 Unit #: K000629604 Account #: K32120206
 Admitted: 03/10/16 at 1132 Location: 5ES
 Status: DIS IN Room/Bed: K.E5514-1
 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description										Sus Directions				From				
Activity Type	Occurred Date	Recorded Time	By Date	Time	By Date	Comment	Units	Change		Activity Type	Occurred Date	Recorded Time	By Date	Time	By Date	Comment	Units	Change
Activity Date: 03/10/16 Time: 1309																		
402170 - Document	O2 Delivery	03/10/16 1309 ERF	03/10/16 1315 ERF	A	Q2H	0.0	0.0	CP										
O2 Delivery: 1 LNF/NC																		
100006 - Document	Oxygen Delivery Frequency: continuous																	
	Discharge Assessment/Planning	03/10/16 1309 ERF	03/10/16 1312 ERF	A	AS NEEDED			CP										
Discharge Problems/Needs Identified: Y																		
: RESPIRATIONS																		
: ACTIVITY																		
: NUTRITION																		
: SAFETY																		
:																		
Arrangements Made to Meet Need(s): Y																		
: ONGOING																		
:																		
:																		
102060 - Document	Emotional Support/Teaching	03/10/16 1309 ERF	03/10/16 1312 ERF	A	AS NEEDED	80.2		CP										
Vital Signs																		
400010 - Document	Vital Signs taken by a NAI are reviewed by an RN.							CP										
	Blood Pressure	03/10/16 1309 ERF	03/10/16 1315 ERF	A	Q4H	21.4		CP										
BP Type: BP Position:																		
Temp: 98.4 Type Of Temperature: Axillary																		
Heart Rate: 177 Heart Rate Source: Machine																		
Resp. Rate: 42																		
SNO2: 96																		
200021 - Document	Safety Checks	03/10/16 1309 ERF	03/10/16 1314 ERF	A	Q2H	5.3		CP										
Family Member At Bedside: Y Respiration Observed: Y																		
Call Light/Telephone In Reach: Y Fall Precautions: Y																		
Crib Rails (Up / Down): Down																		
Number Of Bed Rails Up: 2																		
Are bedrails up because of meds given: N																		
Bed Brakes Locked: Y																		
Bed High OR Low Position: LOW																		
All Alarms On and Audible: Y																		
CPM in use: N																		
Pt. Off Unit: N																		
1-3 - Document	Patient Education	03/10/16 1309 ERF	03/10/16 1312 ERF	A	AS NEEDED	0.0		CP										
Learner: Mother																		
Learner's Preferred Method: Teaching/Demonstration																		
Language Spoken (002): English																		

Problem/Goal/Intervention Description										Sus Directions				From				
Activity Type	Occurred Date	Recorded Time	By Date	Time	By Date	Comment	Units	Change		Activity Type	Occurred Date	Recorded Time	By Date	Time	By Date	Comment	Units	Change
Activity Date: 03/10/16 Time: 1309 (continued)																		
1-3	Patient Education (continued)																	
If Other, Describe:																		
*Religious or Cultural practices that may affect learning: N																		
If YES, describe:																		
*Physical limitations that may affect learning (Y/N): N																		
If YES, describe:																		
*Cognitive limitations that may affect learning (Y/N): N																		
If YES, describe:																		
*Emotional limitations that may affect learning (Y/N): N																		
If YES, describe:																		
If patient has pain, what issues have been discussed with patient regarding this:																		
: WHEN TO CALL NURSE, MEDICATIONS NEEDED, CALL BELL																		
:																		
P-/Family encouraged to report concerns about Pt. safety issues: Y																		
What safety issues have been addressed with the patient: BFD RAILS, CALL BELL, EMPLOYEE																		
: SAFETY, PEDIATRIC SAFETY																		
*Is patient/family motivated to learn (Y/N): Y																		
If NO, explain:																		
LEARNING NEEDS										TEACHING SUMMARY								
*Disease (Y/N): Y :ASTHMA, URI																		
Isolation (Y/N): Y :DROPLET																		
*Equipment (Y/N): Y :TV POLE																		
*Procedure (Y/N): Y :ADMIT ASSESSMENT																		
*Medication (Y/N): Y :ROCHEPHIN, SOLUMEDROL, ZITHROMAX, ATROVENT																		
*New Medication (Y/N): Y :ROCHEPHIN, SOLUMEDROL, ZITHROMAX, ATROVENT																		
Education :MEDICATION USES, DOSAGE, S/S REACTION																		
:																		
*Follow-up care (Y/N): Y :PER DR ORDERS UPON DISCHARGE																		
Rehab/Resources (Y/N): N :																		
*Nutrition (Y/N): Y :REGULAR DIET																		
Other Teaching: ONGOING																		
:																		
If applicable, pt has demonstrated competence to self administer medications: N																		
Med1: NA Med2: NA Med3: NA																		
Method Of Instruction: Explain & Handout																		
Evidence Of Learning Demonstrated By: Expresses Understanding																		
Activity Date: 03/10/16 Time: 1330																		
401050 - Create	telemetry Monitoring	03/10/16 1330 CS	03/10/16 1330 CS	A	BID8			PS										

If applicable, pt has demonstrated competence to self administer medications: N
 Med1: NA Med2: NA Med3: NA
 Method Of Instruction: Explain & Handout
 Evidence Of Learning Demonstrated By: Expresses Understanding

Activity Date: 03/10/16 Time: 1330

401050 - Create
 - Create 03/10/16 1330 CS 03/10/16 1330 CS A BID8 PS

Age/Sex: 4Y 04M F Attending: Tran, Sharon N.M.D. Unit #: K00629604 Account #: K32-20206 Admitted: 03/10/16 at 1132 Location: 5B5 Status: D-5 IN Room/Bed: K.E55-4-1

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Problem/Goal/Intervention Description				Sis Directions				From	
Activity Type	Date	Time by Date	Recorded	Occurred	Time by Date	Documented	Units	Change	Change
Activity Date: 03/10/16 Time: 1338 (continued)									
100522	Pediatric Admit Assessment	AS							
- Create	03/10/16 1338 ERF	03/10/16 1349 ERF	AS						
- Document	03/10/16 1338 ERF	03/10/16 1349 ERF							
<p>For patients presenting with the following symptoms:</p> <p>Fever > or = 100.4 deg F, Headache, Muscle Pain, Vomiting</p> <p>Diarrhea, Abdominal Pain, or Unexplained hemorrhage.</p> <p>Have you or a close contact traveled outside of the continental US or come into contact with an Ebola patient in the past 30 days? N</p> <p>If the answer is YES, ask where the patient or close contact has traveled.</p> <p>Traveled to West?</p> <p>If they say Africa, please ask them where in Africa</p> <p>If travel to Guinea, Liberia, Nigeria, or Sierra Leone</p> <p>If identified, isolate the patient IMMEDIATELY and contact the MD, contact the Nursing House Supervisor, and Infection Prevention and Control.</p>									
<p>Information Obtained from: Mother</p> <p>Mode Of Admission: Parent's Arms</p> <p>*Admitted From: Physician Office</p> <p>I.D. Band Applied: Yes ID Band Applied</p> <p>Do you have a Barrier to Communication (Y/N): N</p> <p>WK Interpretive Services Needed?</p> <p>Interpretive Services Provided:</p> <p>Interpreter ID Number:</p> <p>Language Preference for Medical Communication: ENGLISH</p> <p>If other, please specify: NA</p> <p>Barrier to Communication (Y/N): N</p> <p>Language Preference for Medical Communication: ENGLISH</p> <p>If other, please specify: NA</p> <p>Do you want anyone notified of your admission? No</p> <p>Name and number of person to notify:</p> <p>Was contact made?</p>									
<p>What HEALTH PROBLEM Brought You To The Hospital: ASTHMA</p> <p>*Repeat Hospital Admit Within 30 Days: N</p> <p>If yes, when, and for what:</p> <p>DX #1: ASTHMA</p> <p>DX #2: URI</p> <p>Blood Pressure:</p> <p>Temp: 98.4</p> <p>Heart Rate: 177</p> <p>BP Position: lying</p> <p>Type Of Temperature: Axillary</p> <p>Heart Rate Source: Machine</p>									
<p>Problem/Goal/Intervention Description</p> <p>Activity Type</p> <p>Date</p> <p>Time by Date</p> <p>Recorded</p> <p>Occurred</p> <p>Time by Date</p> <p>Documented</p> <p>Units</p> <p>Change</p> <p>Change</p>									
<p>Activity Date: 03/10/16 Time: 1338 (continued)</p> <p>100522 Pediatric Admit Assessment (continued)</p> <p>Resp. Rate: 42</p> <p>Wt. (LB): 42</p> <p>Wt. (KG): 12.7</p> <p>Head Circ (cm):</p> <p>ALLERGIES</p> <p>Allergy-Med/Contact: NKA</p> <p>Allergy2-Ved/Contact: NKA</p> <p>Latex Allergy (Y/N): No, Latex Allergy</p> <p>Does this patient have any food allergies/intolerance: N</p> <p>Food Allergies-Intol: NKA</p> <p>Are You Having PATN / DISCOMFORT Now: N</p> <p>Location Of Pain:</p> <p>Pain Frequency:</p> <p>Onset Of Pain:</p> <p>Pain Made Worse By:</p> <p>Fear most about pain:</p> <p>Problems caused by pain:</p> <p>Who else have you consulted about pain:</p> <p>What treatments might help the pain:</p> <p>Pain scale used to assess pain:</p> <p>Pain Scale Explained; Understanding Voiced:</p> <p>Patient's Acceptable Level of Pain:</p> <p>Duration Of Pain:</p> <p>Character Of Pain:</p> <p>Pain Relieved By:</p> <p>Cause of pain:</p> <p>Pain score:</p> <p>Immunizations Current: Y Comment: NA</p> <p>Flu Vaccine this flu season (Sep 1 - Mar 31): No</p> <p>Current Veds or Herbs Being Taken: Y ALL Medication Information Unobtainable: N</p> <p>YACUATION LIST & ALLERGIES</p> <p>YACUATION</p> <p>DOSE</p> <p>ROUTE</p> <p>FREQUENCY</p> <p>LAST TAKEN DATE</p> <p>TIME</p>									

Problem/Goal/Intervention Description						Sis	Directions	From
Activity Type	Date	Time by Date	Recorded	Time by Comment	Units		Documented	Charge
Activity Date: 03/10/16 Time: 1338 (continued)								
<p>IC00522 Pediatric Admit Assessment (continued) Urogenital Tract Female: No abnormalities Urogenital Tract Male: No Abnormalities Urination: Normal voiding pattern: Tubes: NA</p> <p>Color Of Urine: NOT OBSERVED Foley: N Ostomy: Not Applicable</p> <p>---- RESPIRATORY ---- Resp. Effort: Using Accessory Muscles Respiratory Comment: Using Accessory Muscles Breath Sounds: Wheezing Other Comments: DIMINISHED Cough: Moist Cough Secretion Amount: Not Observed Secretion Color: Not Observed Secretion Consistency: Not Applicable Tracheostomy: N</p> <p>----- CIRCULATORY ----- Heart Sounds: Regular Edema Location: NA Edema: None Pulse Quality: Normal Pulsation Abnormal Pulse Location(s): NA</p> <p>Transfusion: N Reaction: If Yes, Explain: Capillary Refill greater than 3 seconds: N Location:</p> <p>Is this a PRE-ADMIT Assessment: Y I verify that I have performed a complete skin assessment and documented all findings below. Skin Temperature/Character: Warm & Moist Skin Color: Normal</p> <p>Pressure Ulcer/Skin Impairment on Admit: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note.</p> <p>SKIN DESCRIPTION</p> <p>LOCATION : : : : : : : : : : : : : : : : : : :</p> <p>FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): : SKIN INTACT NO BREAKDOWN NOTED : : : : : : : : : :</p>								
Activity Date: 03/10/16 Time: 1338 (continued)								
<p>IC00522 Pediatric Admit Assessment (continued) Parent Informed Of Policy Regarding Outside Medications: Y Mother's Prenatal History: PRENATAL HYPERTENSION</p> <p>Does the PATIENT ONLY Have a History of: Birth Defects: N Prematurity: Y GI Problems: N GU Problems: N Seizures: N *Heart Disease: N Hypertension: N Sickle Cell Trait: N Resp. Problem: Y Psychiatric Disorder(s): N Cancer: N</p> <p>----- DIABETIC HISTORY ----- Diabetes: None Diabetes Treatment: Does home blood sugars? (Y/N) Have you ever received education about your diet? Have you ever received education about managing diabetes: Was your last HgbA1c less than 8%:</p> <p>FAMILY HISTORY Of: Asthma: Y Diabetes: Heart Disease: High Blood Pressure: Kidney Problems: Seizures: Psych. Disease:</p> <p>Other Significant History of: NA</p> <p>Previous Surgeries: NA</p> <p>----- PREVIOUS SURGICAL HISTORY ----- : : : :</p> <p>Is the Patient having surgery? N Last Food or Drink Intake: Date: Time: Have you or any of your relatives had any problem with anesthesia/sedation (high fever, difficulty awakening, etc)? If YES, explain:</p> <p>----- MUSCULOSKELETAL ----- Arthralgia / Functional Limitations: None Site Of Anomaly/Limitation 1: Not Applicable Site Of Anomaly/Limitation 2: Not Applicable Gait: Unsteady: N Difficulty Walking: N</p> <p>----- GASTROINTESTINAL ----- Nutritional Problems: No Problem Stated GI Problems: Not Applicable Current Problem: Not Applicable Abdomen: Normal Abd. Girth (cm): Tubes: NA Bowel Sounds: Normal Diet: REGULAR Ostomy: Not Applicable Receiving #72N: N *Tube Feeding: N Date Of Last Bowel Movement: 03/09/16</p>								

Age/Sex: 4Y 04M F Attending: Traci, Sharon N M.D. Henderson
 Unit #: K00629604 Account #: K32120206
 Admitted: 03/01/19 at 1352 Location: SES
 Status: DIS IN Room/Bed: K.E55-4-1
 Printed 06/01/19 at 1352
 WILLIS-KNIGHTON SOUTH NURSING **LIVE**
 HEMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Occurred Date	Recorded Time by	Comment Units	From	Activity Type	Occurred Date	Recorded Time by
Activity Date: 03/10/16 Time: 1338 (continued)				Activity Date: 03/10/16 Time: 1338 (continued)			
100522	Pediatric Admit Assessment (continued)			100522	Pediatric Admit Assessment (continued)		
Unable to Assess Incision; Dressing Intact: Location: Drain: Drainage: Level of Alertness: Oriented Speech: Normal speech pattern Best Motor Response: Moves All Extremities *Developmentally Delayed: Not Applicable Oriented To: Person/Family: Location: Time: Answer Y/N to appropriate category. Review abnormal results with MD at next rounds. 0-3 Months: Does Your Baby Have A Tendency To 'Roar' When Hungry: Does Your Baby Turn His/Her Head Toward Sound Of Voices: Does Baby's Eyes Move In Same Direction He/She Moves Head: Does Baby Grasp Objects That Touches Palm Of His/Her Hand: 3 Months: Is Baby Able To Hold Its Head Steady When In Sitting Pos.: Does Your Baby Follow Moving Objects With Its Eyes: Does Your Baby Make Any Sounds Besides Crying And Cooing: Does Your Baby Watch Its Own Hands: 6 Months: Does Your Baby Reach For Objects Out Of Its Reach: Does Your Baby See Small Objects, Such As Raisins: Does Baby Respond To Sound By Turning Head In Dir. Of Sound: Does Your Baby Imitate Speech Sounds: 9 Months: Does Baby Transfer An Object, Ex. Rattle, From Hand To Hand: Does Your Baby Make Dada And Mama Sounds: Does Baby stand Up Holding Onto Someone Or Something: 12 Months: Does Child Hold An Object In Each Hand & Bang Them Together: Does Your Child Play Patty-Cake: Does Child Initiate And Complete Tasks Or School Projects:				Is Child Able To Stand Alone For At Least Two (2) Seconds: 16 Months: Does Child Drink From A Regular Cup Without Spilling: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All The Way Across A Lg. Rm. W/O Falling: 24 Months: Y Is Your Child Able To Remove All His/Her Clothes: Yes Is Child Able To Stack 4 Objects, Blocks, On Top Of Ea Other: Yes Does Your Child Combine Words: Yes Is Your Child Able To Kick A Ball Forward: Yes 3 Years: Is Your Child Able To Wash And Dry His/Her Hands: Is Your Child Able To Name At Least Four Items In A Book: Does Child Comprehend At Least 2 Action Words, ie Dog Barks: Is Your Child Able To Throw A Ball Overhand: 4 Years: Does Your Child Dress Him/Herself Without Help: Is Your Child Able To Draw A Circle By Copying: Does Child Use At Least Four Diff Action Words (Verbs): Does Your Child Hop On One Foot: 5 Years: Does Child Play Board/Card Games With You / Other Childrer: Is Child Able To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Can Your Child Broad Jump: 6 Years: Can Your Child Repeat Five Numbers In Proper Sequence: Is Your Child Able To Define Words, -e. Banana Is A Fruit: Can Your Child Skip: 7-10 Years: Is Your Child In The Grade Appropriate For His/Her Age: Has A Friend He/She Plays W/ On A Reg Basis Outside School: 11-13 Years: Is Your Child In The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects:			